EPA Region 5 Records Ctr.

#### **Contract Costs**

## SAUGET AREA G, SAUGET, IL SITE ID = 05 4V

### Site Costs from 1/1/1994 through 6/30/2003

### **INTERAGENCY AGREEMENT (IAG)**

Federal Agency:

U.S. ARMY CORPS OF ENGINEERS

IAG Number:

DW96947840

Project Officer(s):

Dates of Service:

From:

To:

Summary of Service:

**Total Costs:** 

\$279,400.00

Voucher	Voucher	Voucher	Treasi	ury Schedule	Site
Number	Date	Amount	Number	and Date	Amount
28008421	12/01/1998	999.17	000A99048	02/19/1999	999.17 -
28009136	01/14/1999	382.00	000A99048	02/19/1999	382.00
28009728	01/14/1999	8,002.38	000A99048	02/19/1999	8,002.38 <
28011167	03/05/1999	5,589.78	000A99074	03/17/1999	5,589.78 -
28010450	03/22/1999	3,579.86	000A99089	04/01/1999	3,579.86 -
28011930	04/12/1999	6,354.96	000A99106	04/20/1999	6,354.96 ~
28012754	05/10/1999	9,518.35	000A99137	05/19/1999	9,518.35 🗸
28013535	06/08/1999	12,190.86	000A99167	06/18/1999	12,190.86 ′
28014307	07/06/1999	15,949.73	000A99200	07/21/1999	15,949.73 <
28015050	08/10/1999	8,395.54	000A99229	08/19/1999	8,395.54 /
28015866	09/13/1999	8,160.01	000A99263	09/22/1999	8,160.01 <
28016783	10/14/1999	8,162.15	000A99294	10/25/1999	8,162.15 <i>1</i>
28017806	11/09/1999	3,109.74	000A99320	11/18/1999	3,109.74 ~
28018547	12/10/1999	34,305.29	000A99354	12/22/1999	34,305.29
28019266	01/19/2000	4,619.97	000A00025	01/27/2000	4,619.97 ~
28020061	02/11/2000	15,828.37	000A00049	02/23/2000	15,828.37 -
28020850	03/08/2000	4,045.97	000A00074	03/16/2000	4,045.97 ^
28021676	04/14/2000	1,412.83	000A00116	04/27/2000	1,412.83 <
28022589	05/10/2000	62,744.31	000A00137	05/18/2000	62,744.31 ~
28023389	06/08/2000	4,560.39	000A00165	06/15/2000	4,560.39
28024246	07/10/2000	3,699.81	000A00214	08/03/2000	3,699.81
28025200	08/24/2000	1,602.76	000A00241	08/30/2000	1,602.76
28026042	09/15/2000	5,662.74	000A00265	09/25/2000	5,662.74
28027068	10/19/2000	119,422.17	000A00299	10/27/2000	50,523.03
•				Total:	\$279,400.00

VOUCHER FOR TRANSFERS PAGE NO. 001 \*\*\*\*\*\*\*\*\*\*\*\* CIC #: 99EPA SUPERFUND BETWEEN APPROPRIATIONS AND/OR FUNDS BILLED DATE 02-NOV-1998 ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 . (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 D.O. VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. 28008421 PARTIAL # 1 10-AUG-1998 THRU 02-NOV-1998 BILLING OFFICE (SEND REMITTANCE TO): BILLED OFFICE (MAIL TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER MS 002 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION NA \$999.17 96 NA X 68 20 X 8145.0000 96252 \$999.17 LINE ITEM MOA DESCRIPTION 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR

CERTIFICATE OF OFFICE BILLED

PAYMENT DUE DATE 02-DEC-1998

SUBTOTAL

\$999.17

\$.00

PARTIAL AMOUNT PAID

PAY THIS AMOUNT

FUNDS AUTHORIZED: I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS \$279,400.00 TOTAL BILLED AMOUNT: STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, \$999.17 PREVIOUS BILLED AMOUNT: OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. \$.00 CURRENT BILLED AMOUNT: \$999.17 TOTAL PLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080

000001 INHOUSE - LABOR

uortl.2.1.14 467

8

TRANSACTION LISTING OMAHA DISTRICT

Page: 1

Date: 19-DEC-2001

ACCOUNTING PERIOD: 10-1998 JUSTOMER ORDER: DW96947840-0560

CONTRACT - OUTSIDE GOVERNMENT

Fransaction Date PR&C 21-OCT-1998

W59XQG82894147 W59XQG82894145 Obligation 900313G6 900314G6

NA NA

Del Order No Emp ID

Line Item Resource Code Accrual Ind TRANSPER TRANSPER

\$49.50 \$18.55

Total

SUBTOTAL COST:

\$68.05

INHOUSE - LABOR -----

26-OCT-1998

Transaction Date Charge Code 26-OCT-1998

L28473

Work Date 22-OCT-1998 Emp ID No of Hours

Type SUBTOTAL CO

Labor \$ \$583.78

\$143.02

Indirect \$

\$204.32

G&A \$

Total \$931.12 \$931.12

TOTAL COST: \$999.17

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\* END OF REPORT - 19-DEC-2001 - 10:30 - SID G6CEFMP1 \*\*\*

certlabr.2.1.20 650 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

40.00

TIME: 14:36:44

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 10/07/2000 PAY PERIOD ENDING: 10/07/2000

3.00 1.00 3.00 3.00 3.00 B08564 13.00 1.00 1.00 1.00 L65674 3.00 2.00 2.00 2.00 2.00 2.00 L65678 10.00 L65679 2.00 1.00 1.00 1.00 5.00 2.00 2.00 1.00 2.00 2.00 L66586 9.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00

TOTAL HOURS REG= 40.00 HOL= OVT= ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:36:44

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/24/2000

LABOR-COST TO : 10/07/2000

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L TOTAL CERTIFIED

SP-RATE SP-RATE

GOUGER T 40.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 14:36 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

8.00 8.00 8.00 8.00 8.00 1.00 81.00

NON=

Date: 27-DEC-2000

TIME: 14:36:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

NAME: GOUGER	1						121.0	SA: E	CUPPOU	מחוגרו של	TC.	00/	23/2000		Th:	AV DEDT	OD ENDIN	ra. 00/0	2/2000		
*******	*****	****	**	***	*****	****	****		******	******	****	UJ/4	******	******		AI FERI	OD EWDIE	*****	3/2000		
CHARGE WOR		SSH	B.T .	D17																	
CODE ITE					09/10	0.9	/11	09/12	ng/13	09/14	0.9	/15	09/16	09/17	09/18	09/19	09/20	09/21	00/22	00/22	Wot n 1
*****	****	****	**	***				****		*****	****	****	*****	*****	*****	*****	******	*****	*****		*****
B08564			-	,		1	.00														1.00
L65678				2			.00														2.00
L65679							.00														4.00
L66586				5			.00														1.00
*The above	hours t	lere	RIJ	ارش	PONTCAI			ON.	12-SEP-	2000											1.00
inc above .							J				RN R	OL	AITIE	. SUPRE	VISORY	CTVII.	engineer				
DISPUT		_						6.00	8.00	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.00						•			16.00
L65678					•			••		8.00		.00									12.00
L65679										• • • • • • • • • • • • • • • • • • • •		.00									2.00
L66586								2.00													2.00
*The above	ours v	vere	ELE	CT	RONICAL	LY S	SIGNE	D ON:	15-SEP-	2000											
		,						BY:	SCHMIDT	, STEVE	an R	JOE	TITLE	SUPER	VISORY	CIVIL I	ENGINEER				
B08564				•						-						1.00					1.00
L65674															1.00	1.00					2.00
L65678			•												2.00	2.00					4.00
L65 <b>6</b> 79			5												2.00	2.00					4.00
L65686			2												3.00						3.00
L66586			,													2.00					2.00
*The above l	iours v	ere	ELE	CT	CONICAL	LY S	IGNE	D ON:	19-SEP-	2000											
								BY:	SCHMIDT	, STEVE	N R	JOB	TITLE	SUPER	VISORY	CIVIL E	enginber				
B08557																				1.00	1.00
B08557																	2.00	2.00	2.00		6.00
L65678																	2.00	2.00	2.00		6.00
L65679																	2.00	2.00	2.00		6.00
L66586																	2.00	2.00	2.00		6.00
*The above h	ours w	ere	ELE	CTR	ONICAL	LY S	IGNE	D ON:	22-SEP-	2000											
								BY:	SCHMIDT	, STEVE	N R	JOB	TITLE:	SUPER	VISORY	CIVIL E	engineer				
******	*****	****	***	***	*****	****	***	*****	*****	*****	***	****	******	*****	*****	******	*****	*****	******	*****	****

OLV=

FOR THESE WORK ITEMS:

REG=

Employee Totals:

TOTAL HOURS

SP-RATE-HRS=

002DCM SITE 1, SAUGET AREA, IL;AKA DEAD CREEK SITE

80.00 HOL=

8.00 8.00 8.00 8.00

OVT=

1.00 ALV=

certlabr.2.1.20 649 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:36:25

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

LABOR-COST TO : 09/23/2000

EMPLOYEE COUNT = 1

SP-RATE SP-RATE

GOUGER T 81.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 14:36 - SID G6CEPMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 14:36:06

2.00

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

L66586

\*G6

FLSA: E CUTOFF DATE IS: 09/23/2000 PAY PERIOD ENDING: 09/23/2000

CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 09/10 09/11 09/12 09/13 09/14 09/15 09/16 09/17 09/18 09/19 09/20 09/21 09/22 09/23 Total

B08564 1.00 1.00 L65678 2.00 2.00 L65679 4.00 4.00 L66586 1.00 1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER 2.00 DISPUT 6.00 8.00 16.00 L65678 8.00 4.00 12.00 L65679 2.00 2.00 2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER B08564 1.00 L65674 1.00 1.00 2.00 L65678 2.00 2.00 4.00 2.00 L65679 2.00 4.00 165686 3.00 3.00 L66586 2.00 2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

B08557 1.00 1.00 B08557 2.00 2.00 2.00 6.00 L65678 2.00 2.00 2.00 6.00 2.00 2.00 L65679 2.00 6.00 L66586 2.00 2.00 2.00 6.00

\*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

8.00 8.00

8.00 8.00 8.00 1.00 81.00

8.00 8.00

OLV= REG= 80.00 HOL= OVT= 1.00 ALV= NON=

8.00 8.00 8.00

TOTAL HOURS SP-RATE-HRS=

Employee Totals:

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

certlabr.2.1.20 648 G6

#### LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:36:06

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

LABOR-COST TO : 09/23/2000

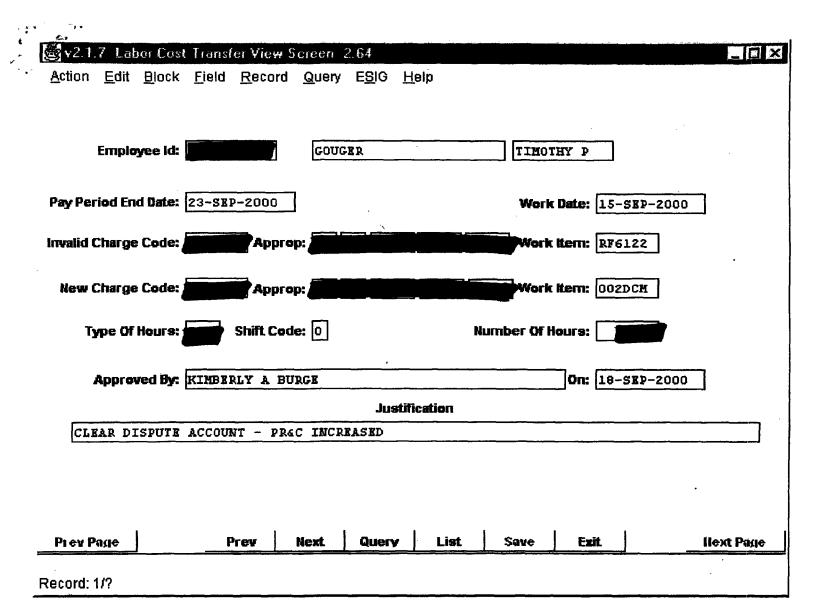
EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L TOTAL CERTIFIED

SP-RATE SP-RATE

GOUGER T 81.00 Y

\*\*\* END OF REPORT ~ 27-DEC-2000 - 14:36 - SID G6CEFMP1 \*\*\*



LABOR COST REPORT WITH CERTIFICATION

Page: 1

8.00 8.00 8.00 8.00 8.00 1.00 81.00

NON=

Date: 27-DEC-2000 TIME: 14:35:46

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E	CUTOFF DAT	TE IS: 09/23/2000	PAY PER	OD ENDING: 09/23	/2000
***************	*******	******	************	**********	******
CHARGE WORK HRS SH N EV					
CODE ITEM TYP CD D HZ 09/10 09/11 09/12	09/13 09/1	14 09/15 09/16	09/17 09/18 09/19	9 09/20 09/21 0	09/22 09/23 Total
***************	******	********	**********	**********	*******
B08564 1.00					1.00
L65678 2.00					2.00
L65679 4.00					4.00
L66586 1.00					100
*The above hours were ELECTRONICALLY SIGNED ON:	12-SEP-2000				
BY:	SCHMIDT, STE	even r job title	: SUPERVISORY CIVIL	ENGINBER	
DISPUT 6.00	8.00	2.00			16.00
L65678	8.0	00 4.00			12.00
L65679		2.00			2.00
L66586 2.00					2.00
*The above hours were ELECTRONICALLY SIGNED ON:	15~SEP-2000				
BY:	SCHMIDT, STE	EVEN R JOB TITLE	: SUPERVISORY CIVIL	ENGINEER	
B08564			1.00	1	1.00
L65674			1.00 1.00	)	2.00
L65678			2.00 2.00	•	4.00
L65679			2.00 2.00	•	4.00
L65686			3.00		3.00
L66586			2.00		2.00
*The above hours were ELECTRONICALLY SIGNED ON:	19-SEP-2000				
BY:	SCHMIDT, STE	VEN R JOB TITLE	: SUPERVISORY CIVIL	engineer	
B08557					1.00 1.00
B08557				2.00 2.00	2.00 . 6.00
L65678				2.00 2.00	2.00 6.00
L65679				2.00 2.00	2.00 6.00
L66586				2.00 2.00	2.00 6.00
*The above hours were ELECTRONICALLY SIGNED ON:	22~SEP-2000				
BY:	SCHMIDT, STEV	VEN R JOB TITLE	: SUPERVISORY CIVIL	engineer	
*************	*******	******	***********	*******	*******
					,

1.00 ALV=

OLV=

8.00 8.00 8.00 8.00

OVT=

FOR THESE WORK ITEMS:

Employee Totals:

TOTAL HOURS

SP-RATE-HRS=

002DCM SITE 1, SAUGRT AREA, IL; AKA DEAD CREEK SITE

REG= 80.00 HOL=

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:35:46

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

LABOR-COST TO : 09/23/2000

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L TOTAL CERTIFIED

SP-RATE SP-RATE

GOUGER T 81.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 14:35 - SID G6CRFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 14:35:26

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

NAME: GOUGER T	
FLSA: E CUTOFF DATE IS: 09/23/2000 PAY PERIOD ENDING: 09/23/2000	
*************************************	*****
CHARGE WORK HRS SH N EV	
CODE ITEM TYP CD D HZ 09/10 09/11 09/12 09/13 09/14 09/15 09/16 09/17 09/18 09/19 09/20 09/21 09/22 09/3	23 Total
***************************************	*****
B08564 1.00	1.00
165678	2.00
L65679 4.00	4.00
L665B6 1.00	1.00
*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER	
DISPUT 6.00 8.00 2.00	16.00
L65678 8.00 4.00	12.00
L65679 2.00	2.00
L66586 2.00	2.00
*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER	
B08564 1.00	1.00
L65674 1.00 1.00	2.00
L65678 2.00 2.00	4.00
L65679 2.00 2.00	4.00
L65686 3.00	3.00
L66586 2.00	2.00
*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER	
B08557	0 1.00
B08557 2.00 2.00 2.00 2.00	6.00
L65678 2.00 2.00 2:00	6.00
L65679 2.00 2.00 2.00	6.00
L66586 2.00 2.00 2.00	6.00
*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000	
BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER	
***************************************	*****
Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.0	0 81.00

OVT= 1.00 ALV=

NON=

OLV=

FOR THESE WORK ITEMS:

TOTAL HOURS SP-RATE-HRS=

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

REG= 80.00 HOL=

. certlabr.2.1.20 646 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 14:35:26

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

. LABOR-COST TO : 09/23/2000

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L TOTAL CERTIFIED

SP-RATE SP-RATE

GOUGER T 81.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 14:35 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1
Date: 27-DEC-2000

TIME: 14:23:35

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER: 1J. SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 09/23/2000 PAY PERIOD ENDING: 09/23/2000 \*\*\*\*\*\*\*\*\*\*\*\*\*\* CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 09/10 09/11 09/12 09/13 09/14 09/15 09/16 09/17 09/18 09/19 09/20 09/21 09/22 09/23 Total 1.00 B08564 1.00 L65678 2.00 2.00 L65679 4.00 4.00 L66586 1.00 1.00 \*The above hours were ELECTRONICALLY SIGNED ON: 12-SEP-2000 BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER DISPUT 6.00 8.00 2.00 16.00 1,65678 8.00 4.00 12,00 L65679 2.00 2.00 L66586 2.00 2.00 \*The above hours were ELECTRONICALLY SIGNED ON: 15-SEP-2000 BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER B08564 1.00 1.00 L65674 1.00 1.00 2.00 L65678 2.00 2.00 4.00 L65679 2.00 2.00 4.00 L65686 3.00 3.00 L66586 2.00 \*The above hours were ELECTRONICALLY SIGNED ON: 19-SEP-2000 BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER B08557 1.00 1.00 B08557 2.00 2.00 2.00 6.00 L65678 2.00 2.00 2.00 6.00 L65679 2.00 2.00 2.00 6.00 L66586 2.00 6.00 \*The above hours were ELECTRONICALLY SIGNED ON: 22-SEP-2000 BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER 

8.00 8.00

8.00 8.00 8.00 8.00 1.00 81.00

TOTAL HOURS REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON=

8.00 8.00 8.00

SP-RATE-HRS=

Employee Totals:

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:23:35

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 09/10/2000

LABOR-COST TO : 09/23/2000

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L TOTAL CERTIFIED

GOUGER T 81.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 14:23 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 14:23:13

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

***************************************	********
CHARGE WORK HRS SH N EV	
CODE ITEM TYP CD D HZ 08/27 08/28 08/29 08/30 08/31 09/01 09/02 09/03 09/04 09/05 09/06 09/07 09/08	09/09 Total
***************************************	********
B08557 8.00 8.00 8.00	24.00
B08564 4.00	4.00
B08564 2.00 4.00 3.00 1.00	10.00
L65674 1.00 1.00	2.00
L65678 2.50	2.50
1.00 2.00 2.00 2.00 8.00 7.00 2.00	22.00
L65679 3.00	3.00
L65679 4.00 1.00 3.00 1.00	9.00
L66586 1.00	1.00
LEAVE 8.00	8.00
LEAVE 4.00	4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 11-SEP-2000

BY: SCHMIDT, STEVEN R JOB TITLE: SUPERVISORY CIVIL ENGINEER

TOTAL HOURS REG= 68.00 HOL= OVT= 9.50 ALV= OLV= NON= 12.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 14:23:13

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17 FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/27/2000

LABOR-COST TO : 09/09/2000

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L

TOTAL

89.50

CERTIFIED

SP-RATE

SP-RATE

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\*\*\* END OF REPORT - 27-DEC-2000 - 14:23 - SID G6CEFMP1 \*\*\*

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Ordering PR&C No:	Ordering W: 002DCM Approp Type: C
Accounting Class:	015558
PR&C Line Item No:	SAUGET RAPID USER FEE (98-D-0004 D06)
Resource Code:	RAPIDUSER RAPID RESPONSE USER FEE
Operating Work Item:	162KGC RAPID RESPONSE ACQUISITIONS
Requesting Org:	G6H4H00
Bill Number:	30177340 Bill Date: 20-SEP-2000 Bill Amount: 166.39
Begin Date:	End Date:
Qty Ordered:	.0000
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Standard Rate:	
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P	or u	SHOP/FACILITY IN-HOUSE PURC use of this form, see AR 37-1: the					PUR	RCHASE INST	FRUMENT NO.	REQUISITION NO W59XQG02634657	. DATE 19Sep2000	1	GE  01
TO:	PROG	RAMS MANAGEMENT BRANCH		THR	U:					FROM: HAZARD, TOX	IC & RADIO WASTI	BR	
		It	is reques	ted t	hat the suppl	lies and s	services	s enumerate	ed below or on att	tached list be:	-		
PURCH	ASED	FOR HAZARD, TOXIC & RADIO WASTE	BR		,	DELIVERED	TO SE	ER LINE IT	em Below			NOT LATER TH	
Army regu	The supplies and services listed below cannot be secured through normal channels or other Army supply sources in the immediate vicinity, and their procurement will not violate exi regulations pertaining to local purchases for stock, therefore, local procurement is nece for the following reason: (Check appropriate box and complete item)							a existing	INFORMATION	O CALL FOR ADDITIONA N KIRSCHBAUM	j	TELEPHONE NU	
LOCAL PURCHASES AUTHORIZED AS THE NORMAL REQUISITIONING DISCLOSES NONAVAILABILIT MEANS OF SUPPLY FOR THE FOREGOING BY ITEMS AND LOCAL PURCHASE IS AUTHORIZED									Fund Cert	ification		·	
PERSON OF SOFFEE FOR THE FORESOING BI						AUTHO	TIMED SI	able to the follo	services listed on owing allotments, the cost thereon	he available ba	lances of wh	ich are	
<u> </u>	EME	RGENCY SITUATION PRECLUDES USE OF	REQUISITI	ON CH	IANNELS FOR SI	BCURING IT	rem		ACCOUNTING CLASS	IFICATION AND AMOUN	r		
ITE	m	DESCRIPTION OF SUPPLY OR SERVICES	QUANTITY	UNIT		ESTIMAT	LED	·					
<u> </u>			<del> </del>	-	UNIT PR		TOTAL	L COST	SEE LINE ITEM BELOW \$17,563				
000	_	SAUGET RAPID USER FEE		LS		\$.00		\$166.39			•		
DEL D SHIP DEL T	TO O	VELMA SANDERS			015558	7	02.221.4		TYPED NAME AND T		IGNATURE	ם	DATE
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SHIP DEL T	or.	Velma sanders Turtle min rapid user fee		LS		\$.00	02.221.4	4290 \$75.00	DISCOUNT TERMS			L	
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TYPED NAME AND GRADE OF SIGNATURE DATE						DATE	TYPED NAME AND G APPROVING OFFICE		SIGNATURE	·	DATE		
						19Sep2000		·		ļ			
TELEPHONE NO. 402-221-7823							I .	1		1	į.		
TELEI	PHONE	E NO. 402-221-7823			······································								
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DA FORM 3953, MAR 91 (IN HOUSE)

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THE IS requested that the supplies and services enumerated below or on attached list be:    DELIVERED TO SHE LINE FIRM SELOW	For						PUR	CHASE INST	RUMENT NO.			•	
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The supplies and services listed below cannot be secured through normal channels or other away supply sources in the issendate vicinity, and their procurement will not violate emining information of the following reason: (Check appropriate box and complete item)  LOCAL FURGINARES APPROREZED AS THE NORMAL REQUISITIONISD DISCLOSES NORMALIABILITY of Pund Certification  PHENGRENCY STRUCTION PRECLIDES USE OF REQUISITION CHANNELS FOR SECURIN ITEM  DESCRIPTION OF SUPPLY OR SERVICES QUARTITY UNIT BRICK TOTAL COST ONE SECURIN ITEM  DESCRIPTION OF SUPPLY OR SERVICES QUARTITY UNIT BRICK TOTAL COST ONE SECURIN ITEM OF TOTAL COST ONE SECURIN ITEM DESCRIPTION CHANNELS FOR SECURIN ITEM OF TOTAL COST ONE SECURIN ITEM SUPPLY ON SERVICES QUARTITY UNIT BRICK TOTAL COST ONE SECURIN ITEM OF TOTAL COST ONE SECURIN ITEM OF TOTAL COST ONE SECURIN ITEM SUPPLY ON SERVICES QUARTITY ON SECURITY ON SECUR		It	is reque	sted t	that the suppl	lies and	services	enumerate	d below or on at	tached list be:			
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								DATE					20Sep2000

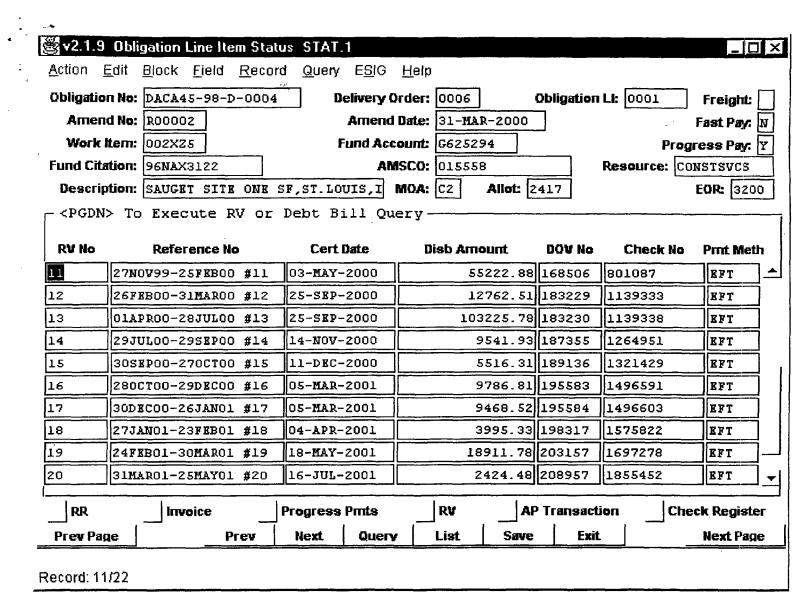
DA FORM 3953, MAR 91 (IN HOUSE)

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TO:	PROC	GRAMS MANAGEMENT BRANCH		THR	RU:			·		FROM: HAZARD, TOX	IC & RADIO WAS	re br	
		It	is reque	sted t	hat the suppl	lies and	services	s enumerate	ed below or on at	tached list be:			
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	TYPED NAME AND GRADE OF SIGNATURE SUPPLY OFFICER						DATE						
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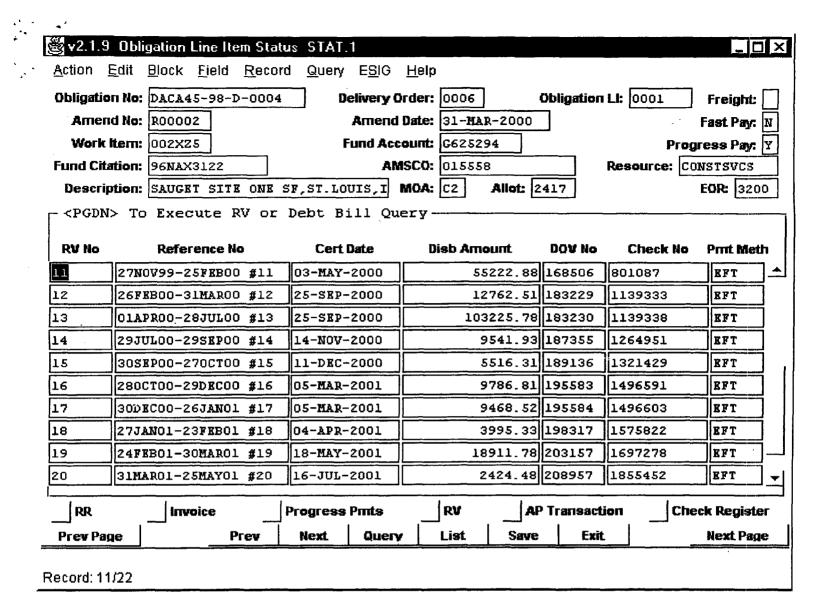


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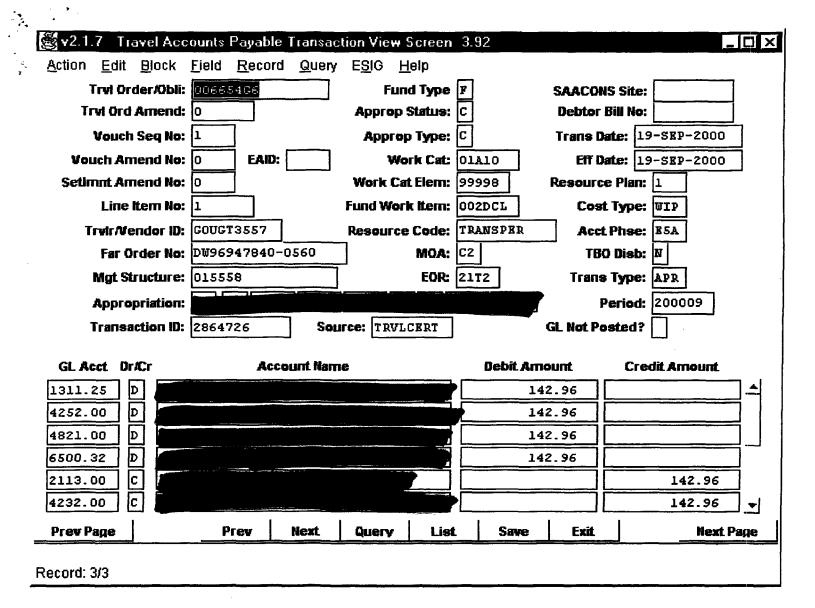
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Invoice No:	13	Accrual:		<b>EOR:</b> 3200	2		Trans Date:	21-SEP-200	0
FAR Order No:	DW969478	340-0560	Cost	Type: WIP			Effect Date:	21-SEP-200	0
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4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P				5. GRAI 12			<u> </u>			b. SUBVOUCHER NO.						
7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act Information.						c.STATE d.ZIP CODE				c. PAID BY 8736 20Sep2000						
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21.a. CLAIMANT SIGNATURE b. DATE 22.a. APPROVING OFFICER /ELECTRONICALLY SIGNED B										SCHMIDT		b. DATE 18Sep2000				
23. ACCOUNTING CLASS  08 2417 015558  96252 G625294 002DCM 050 % FUNDED  08 2417 015008  96252 G656405 004F1Z 050 % FUNDED								·								
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# Carlson Wagonlit Travel

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CUSTOMER NBR: 5851Ø1

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TO: PICKUP 11SEP .

MAIL REFUNDS W/ORDERS TO-CARLSON WAGONLIT TRAVEL COE/OHAHA

215 N 17TH STREET

ROOM 106B

OMAHA NE 68192

FOR: GOUGER/TIM

REF: CTAORD, 096252, COEOHA

\*\*PLEASE VISIT OUR WEBSITE AT WWW.CWGOVERNHENT.COM \*\*AND COMPLETE OUR SERVICE EXCELLENCE SURVEY.

15 SEP ØØ - FRIDAY

AIR AMERICAN AIRLINES FLT:4114

ECOMOMY

OPERATED BY AMERICAN EAGLE

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835A

EQP: EMBRAER 145 JET

DEPART: TERMINAL 3

1008A

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GOUGER/TIM SEAT-14A

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BILLED TO

SUB TOTAL.

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X ---- INFORMATION FOR ARMY TRAVELERS ----FOR ARMY LODGING RESERVATION-850-462-7691

XX

FOR ASSISTANCE WHILE ENROUTE, AFTER NORMAL BUSINESS HOURS CALL OUR 24HR SERVICE CENTER AT 1-855-288-3999. TICKET RECEIVED

CLIENT SIGNATURE......... RESERVED SEATS SUBJECT TO CANCEL 30HIN BEFORE DEP

YOUR PERSONAL ID CODE IS SIØL4/CTO

THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL FOR EMERGENCIES DURING BUSINESS HOURS.

PLEASE CALL 1-800-945-0535

CALL 1-877-INFOCUT FOR REPORTING OR EVALUATING.

SERVICE EXCELLENCE ISSUES. YOUR QC ID CODE IS 1707.

CAR DECLINED/A//22AUG

FARE-A43 YCA SDG NDGORD

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PONOT VALID FOR TRAVEL Ø Ø15 712ØØ7Ø528 1 AA28926122

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## FOURTH AND CHESTNUT • ST. LOUIS, MISSOURI 63102 • (314) 241-7400 Adam's Mark Hotels, A Division of HBE Corporation

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	CORPS OF ENGINEERS FOR OFFICIAL TRAVEL	DATE ISSUED 23-AUG-	-2000
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER N 006654	

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT

MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC

KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

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7.TYPE OF	7.TYPE OF ORDERS 8.SECURITY CLEARANCE								OP TDY SPONSE/TECHNICAL SUI	PPORT		
TEMPORARY DUTY												
10a.APPROX NO. DAYS OF TDY b.PROCEED O/A (DATE) (Including travel time)												
(Including traver time)  2  13-SEP-2000							CATEGOR	RY	SITE VISIT-OPERAT	IONAL/MI	NGRIAL	
11.ITINERA	RY			Y	ARIATION AUTHO	ORIZED	)		-			
FROM: S		MISSOURI PRO	OCEED ON 13		0 AT 2300 HRS P-2000 AT 2300	O HRS						
12.MODE OF	TRANSPORTAT	!ION	TP TF	RNSPN RE(	) - PLANE							
	COMMERCI	AL			GOVERNMENT	r		PRIVATELY OWNED CONVEYANCE (Check one)				
RAIL	AIR XX	BUS	SHIP	AIR	AEHICLE	SHIP		RA	TE PER MILE: 0.0000	)		
نا ز	DETERMINED		i IATE TRANSPO	ORTATION	OFFICER				constructive cost	ent and of commu	l per diem limited to non carrier transporta determined in JTR. Tr	
13. OTHER R	X PER DIEM		D IN ACCORDA	WCE WITH	i JTR							
14.ESTIMAT	ED COST			····						1	5.ADVANCE AUTHORIZED	
PER DIEM ref Leg 1		TRAVEL ref Leg			OTHER ref Leg 1			•	OTAL ef Lèg 1	ļ	\$.00	
16.REMARKS See Attach	(Use t ed For Addit			requirem	ments, leave,	superi	ior or	1s	t-class accommodati	ons, ex	cess baggage, etc.)	
TRAVEL ADV	ANCE MUST BE	SETTLED WI	THIN 5 DAYS	OF COMP	LETION OF TRA	VEL. I	FAILURE	T	O DO SO WILL RESULT	IN COL	LECTION ACTION.	
/ELECTRONI	ING OFFICIAL CALLY SIGNED Y CIVIL ENGI	BY/ STEVE	Fitle and si T RASMUSSEN 23-AUG-2	1		/ELEC	CTRONIC	AL	OFFICIAL (Title LY SIGNED BY/ JEROM IVIL ENGINEER	IE M WOO	gnature) DS AUG-2000	
					AUTHORI	ZATION	N					
19.ACCOUNT	ING CITATION					50 <b>%</b> 50%						
/ELECTRONI	UTHORIZING OF CALLY SIGNED AREA OFFICE	BY/ JANICE	L WZOREK		SUPPO		THENTIC SISTANT		OA)	2.TRAVE	3-AUG-2000 L ORDER NUMBER	
1		C	OFFUTT, AFB,	NE68113					1	1	006654G6	

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Check Date:	20-SEP-2000		Refe	rence No:	006654G6		}
Amount	285.91		,	Currency:	us		
Status:	PRINTED		FC	Amount:			
Payee:	TIMOTHY P GOUGER						
						•	•
Certified By:	AUTRY, SHIRLEY LE				Date Signo	ed: 21-SEP-	·2000
	nitial Signature: FE103 er's Signature: 39CA0		5D739C				
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Deliv Order No:	NA		Approp Status:	С	RCWT: D. SKI	NNER	
Line Item No:	0009		Арргор Туре:	?	Debto	Bill No:	
Rec Rpt No:		EAID: [	MOA:	C2	Acc	Phase: R5A	
Invoice No:		Accrual:	EOR:	2171	Trai	ns Date: 18-SEP-2000	
FAR Order No:	DW9694784	0-0560	Cost Type:	WIP	Effe	ect Date: 18-SEP-2000	
Fund Work Item:	002DCL		Resource Code:			FBO Ind:	
Resource Plan:	<u> </u>		Work Cat:			is Type: APR	
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Appropriation:				2417 962		Period: 200009	
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1311.25 D					143.75		4
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v2.1.3 Travel Order Action Edit Block Fi								_[0]:
Travel Order Travel Order Da				•		TIMOTHY P G	<del></del>	
– Obligation Line Items - <b>Obligation</b>	Obli Li No	Descrip	tion	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
006654G6	1	NON-GTR	TRAVE	002DCL	2172	403.50	142.96	260.54
006654G6	2	NON-GTR	TRAVE	004D20	21T2	403.50	142.95	260.55
99/EOY/AUG-SEP#3	0009	71200705	28	002DCL	21T1	143.75	143.75	0.00
99/EOY/AUG-SEP#3	0010	71200705	28	004D20	21T1	143.75	143.75	0.00
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				iew Fund	ing			
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		OR	DER FOR SUPPLI	ES OR SERVICE	S			m Appı No. 0	oved 1704-0187	PAGE
		O.	DER FOR SUFFEE	ED OR DERVICE	5				ug 31, 1992	1
review the co inform Operat	ing ins ollection mation, ions an	ing burden for th tructions, search n of information. including suggest d Reports, 1215 J aperwork Reduction	ing existing d Send comments ions for reduc efferson Davis	ata sources, reguarding t ing this burd Highway, Sui	gathering and mai his burden estima en, to Washington te 1204, Arlingto	ntaining the te or any oth Headquarters	data her as s Serv	needed pect d ices,	l, and comple f this colle Directorate	sting and reviewing ection of for Information
1. CON	•	URCH ORDER NO. /AUG-SEP#3	2. DELIVERY O	·	3. DATE OF ORDE 18-SEP-2000	W!	59XQG0		_	5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
6. ISS	SUED BY		CODE		ADMINISTERED BY	CODI	B			
						<del></del>				8. DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)
9. CON	TRACTOR	VENDOR ID: NB223	99 CODE	FA.	CILITY CODE	10.1	DELIVE	R TO F	OB POINT BY	11.MARK IF BUS. IS
4486	ONS BAN 1600000 BOX 650				·	12.	DISCO	UNT TE	RMS	[ ] SMALL DIS- ADVANTAGED [ ] WOMEN-OWNED
DALL	AS, TX	75265-0785				13.	MAIL	INVOIC	ES TO See I	Block 15
L4. SH	IP TO		CODE	15	. PAYMENT WILL BE	MADE BY	COI	DE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
16. DE	LIVERY				Government agenc pered contract.	y or in accor	dance	with	and subject	
PU	RCHASE	Reference you	T			furnish	the f	ollow	ing on terms	specified herein.
		THE CONTRACT HERI DDIFIED, SUBJECT								OUSLY HAVE BEEN
If		OF CONTRACTOR  ox is marked, supp	olier must sign	SIGNATURE n Acceptance a	and return the fo		NAME of of			DATE SIGNED
.7. AC	COUNTING	AND APPROPRIATIO	ON DATA/LOCAL	USE						
.8. IT	EM 19.	SCHEDULE OF	SUPPLIES/SERVI	CE 20.	QUANTIT ORDERED/ACC		21. UNIT	22. U	NIT PRICE	23. AMOUNT
0001 0002		070526/6848G6/MOSI 744738/6848G6/BOWI			.0000/ .0000/	.0000	LS LS		\$.00 \$.00	\$298.00 \$251.00
		accepted by the Go		UNITED STATES	OF AMERICA				25. TOTAL	\$16,796.24
by x.	If di	ferent, enter act	ual						29. DIFFERENCES	
-	-	encircle.			CONT	RACTING/ORDER	ING OF	FICER		
_		IN COLUMN 20 HAS I			27. REC RPT NO 000001	28. D.O. VOU			30. INITIALS	
[]INS	PECTED	[X] RECEIVED [ ]	ACCEPTED AND CO CONTRACT EXCEP		[ ] PARTIAL					<u> </u>
18-S		/S/ DARLENE E SH SIGNATURE OF AU		RNMENT REP.	[X] FINAL 31. PAYMENT	32. PAID BY 873	6		33. AMT VER	1FIED CORRECT FOR \$251.00
16.I c	ertify (	his amount is con	rect and prope	er for payment	[] COMPLETE	06-OC	T-00		34. CHECK N	UMBER 00723934
DA	TE	SIGNATURE AND T	TLE OF CERTIFY	YING OFFICER	[] FINAL		-		35. BILL OF	LADING NO.
		38. RECEIVED BY		<del></del>	40 TOTAL CONT.	41. S/R ACC	OUNT N	UMBER	42. S/	R VOUCHER NO.
		DARLENE E SKINNE	•	1 20 555-2000	1 .	1			ļ	i

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE		20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT	r PRICE	23. AMO	UNT
0003	7116744738/6848G6/BOWERS	.0000		LS		\$.00		\$251.0
0005	7120070501/6809G6/HOOVER	.0000	.0000	LS	1	\$.00	1	\$433.0
0006	7120070517/6272G6/REA	.0000	.0000	LS	ĺ	\$.00	İ	\$58.5
0007	7120070523/6855G6/GOUGER	.0000	.0000	LS	1	\$.00	Ì	\$159.0
8000	7120070525/6813G6/SOLSKY	.0000	.0000	LS		\$.00	1	\$446.0
0009	7120070528	.0000	.0000	LS	1	\$.00	İ	\$143.7
0010	7120070528	.0000	.0000	LS	1	\$.00	1	\$143.7
0011	7120070532/6746G6/LINDQUIST	.0000	.0000	LS	j	\$.00	Ì	\$276.5
0012	7120070532/6746G6/LINDQUIST	.0000	.0000	LS	Ì	\$.00	ļ	\$276.5
0013	7120070537/6619G6/ADOLF	.0000	.0000	LS	Ì	\$.00	1 :	\$1,721.2
0014	712070538/6100G6/JOHNSON	.0000	.0000	LS	İ	\$.00	1	\$567.0
0015	7120070540/6412G6/BENZMILLER	.0000		LS	}	\$.00	]	\$930.0
0016	7120070541/6743G6/OLSEN, J	.0000	.0000	LS		\$.00	1	\$276.9
0017	7120070541/6743G6/OLSEN, J	.0000	.0000	LS		\$.00	1	\$276.
0018	7120070542/6381G6/PAVLIK	.0000	.0000	LS	ĺ	\$.00	ļ	\$462.
0019	7120070557/34G6/TILLOTSON	.0000	.0000	LS	1	\$.00	Ì	\$420.
0020	7120070564/6917G6/KURMEL	.0000	.0000	LS	J	\$.00	ļ	\$409.
0021	7120070567/6873G6/GRAF	.0000	.0000	LS	J	\$.00	1	\$567.
0022	7120070571/6891G6/MINER	.0000	.0000	LS		\$.00	1	\$420.
0023	7120070573/6895G6/HERRING	.0000	.0000	LS		\$.00	İ	\$298.
0024	7120070574/6727G6/HEIDEN	.0000		LS		\$.00	į.	\$333.
0025	7120070578/6818G6/BUSS, M	.0000		LS		\$.00	1	\$429.
0028	7120070586/6549G6/BOWERS	.0000		LS		\$.00	1	\$239.
0029	7120070588/6766G6/JOHNSON, A	.0000	.0000	LS	i	\$.00	1	\$458.
0030	7120070592/6850G6/POPELKA	.0000		LS		\$.00	l	\$803.
0031 (	7120070593/6881G6/HENNINGSEN	.0000	/ .0000	LS		\$.00	İ	\$793.
0032	7120070595/6833G6/KRUPA	.0000	/ .0000	LS		\$.00	ĺ	\$793.
0033	7120070597/6539G6/NOLAN	.0000	•	LS		\$.00	1	\$446.
0034	7120070600/6935G6/HERSE	.0000	/ .0000	LS		\$.00	1	\$446.
0035	7120070601/02/6922G6/HOLLAND	.0000	.0000	LS	l	\$.00		\$220.0
0036	7120070604/6918G6/LEHN	.0000		LS		\$.00	i	\$209.0
0037	7120070605/6883G6/WINSLOW	.0000	.0000	LS		\$.00	1	\$4.26.
0038	7120070606/6877G6/MAILANDER	.0000	.0000	LS		\$.00	ĺ	\$816.0
0039	7120070614/63G6/VADER	.0000	.0000	LS		\$.00	ĺ	\$853.0
	7120070616/6940G6/NOVOTNY	.0000	/ .0000	LS		\$.00	1	\$446.

ORDER FOR SUPPLIES OR SE	RVICES	3				m Appr No. 0	704-0187	1	PAGE
State of the second	22. 7 1				•		ug 31, 199	2	1
Public reporting burden for this collection of infor reviewing instructions, searching existing data sour the collection of information. Send comments reguard information, including suggestions for reducing this Operations and Reports, 1215 Jefferson Davis Highway and Budget, Paperwork Reduction Project(0704-0187),	ces, g ling the burder, Suit	gathering and m nis burden esti en, to Washingt ce 1204, Arling	aintai mate c on Hea	ining the or any oth adquarters	data er as Serv	needed pect o ices,	l, and comp of this col Directorat	letin lecti e for	g and reviewing on of Information
1. CONTRACT/PURCH ORDER NO. 2. DELIVERY ORDER NO. 99/EOY/AUG-SEP#3 NA		3. DATE OF OR 18-SEP-20		-		PURCH 216014		N	ERTIFIED FOR NATIONAL DEFENSE
6. ISSUED BY CODE	7.	ADMINISTERED B	¥	CODE				L	ADDR DID AEG I
								ļ	DELIVERY FOB [ ] DEST [ ] OTHER ee Schedule)
9. CONTRACTOR VENDOR ID: NB22399 CODE	FAC	CILITY CODE		10.E	ELIVE	R TO F	OB POINT B		MARK IP BUS. IS [] SMALL
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785				12.	DISCO	UNT TE	RMS	-	[ ] SMALL DIS- ADVANTAGED [ ] WOMEN-OWNED
DALLAS, TX 75265-0785				13.	MAIL	INVOIC	ES TO See	Bloc	k 15
14. SHIP TO CODE	15.	PAYMENT WILL	BE MAD	DE BY	co	DE		A	K ALL PACKAGES ND PAPERS WITH CONTRACT OR ORDER NUMBER
16. DELIVERY This delivery order is issued on an to terms and conditions of the above			acy or	in accor	dance	with .	and subject	_i	
PURCHASE   Reference your		•		furnish	the :	follow	ing on term	ns sp	ecified herein.
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER ION IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND								/IOUS	LY HAVE BEEN
NAME OF CONTRACTOR SIGNATURE If this box is marked, supplier must sign Accepta		nd return the	ollow			AND T			DATE SIGNED
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE								<u>-</u>	
18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE	20.	QUANTI ORDERED/AC		D*	21. UNIT	22. U	NIT PRICE	23.	. AMOUNT
0006 7120070517/6272G6/REA		.0000/		.0000	LS		\$.00	)	\$.00
*If quantity accepted by the Government 24. UNITED Stis same as quantity ordered, indicate	TATES	OF AMERICA					25. TOTAL		\$.00
by x. If different, enter actual quantity accepted below quantity BY:							29. DIPFERENCE	s	
ordered and encircle.		·		ING/ORDER				-	
26. QUANTITY IN COLUMN 20 HAS BEEN [ ]INSPECTED [X]RECEIVED [ ]ACCEPTED AND CONFORMS T	TO THE	27. REC RPT NO 000002	28.	D.O. VOU	CHER 1	io.	30. INITIALS	 	
CONTRACT EXCEPT AS NOTE  27-SEP-2000 /S/ DARLENE E SKINNER  DATE SIGNATURE OF AUTHORIZED GOVERNMENT RE		[ ] PARTIAL [X] FINAL 31. PAYMENT	32.	PAID BY			33. AMT VE	RIFIE	CORRECT FOR
36.I certify this amount is correct and proper for pa		ł					34. CHECK	NUMBE	IR .
DATE SIGNATURE AND TITLE OF CERTIFYING OFFI	ICER	[] FINAL					35. BILL C	F LAD	ING NO.
	REC'D	40 TOTAL CONT.	41	. s/R ACC	OUNT N	TUMBER	42. S	/R VC	OUCHER NO.

USACE OMAHA DISTRICT DARLENE SKINNER 215 N 17TH ST. OMAHA NE 68102-4978 VISA ACCOUNT NUMBER

Page 26 of 32

			INDIVIDUAL	CARDH	OLDER	ACTIVITY		
NM:LINDQUI	ST/TODD	TKT:01271200	70532 MVAT;	CVAT:	CC:	<del> </del>	<del></del>	
OARP:OMA	SVC:Y DARP:MSP	FR:YCA	DEP:091100 .					
OARP:MSP	SVC:Y DARP:MOT	FR:YCA	DEP:091100					
OARP:MOT	SVC:Y DARP:MSP	FR:YCA	DEP:091600			•		
OARP:MSP	SVC:Y DARP:OMA	FR:YCA	DEP:091600					
9-08	NWA AIR 012712	0070537OMAH	A NE		09-04	1	1,721.24	DI
REF:2471705	0251582510483128	MCC:3060 F	PHONE:				•	
NM:ADOLF/N	IARY T	KT:0127120070	537 MVAT:	CVAT:	CC:	•		
OARP:OMA	SVC:Y DARP:MSP	FR:YUP	DEP:091100					
OARP:MSP	SVC:P DARP:YYC	FR:YUP	DEP:091100					
OARP:YYC	SVC:P DARP:MSP	FR:YUP	DEP:091400			•		
OARP:MSP	SVC:P DARP:OMA	FR:YUP	DEP:091400					
9-06	NWA AIR 012712	0070 <b>538OM</b> AH	A NE		09-06	•	567.00	Di
	0251582510483136							
NM:JOHNSO			070538 MVAT:	CVAT:	CC:			
	SVC:Y DARP:MSP		DEP:091100				•	
	SVC:H DARP:GFK		DEP:091100					
	SVC:H DARP:MSP		DEP:091300					
OARP:MSP	SVC:Y DARP:OMA	FR:YCA	DEP:091500					
9-08	NWA AIR 012712	0070540OMAH	A NE		09-06		\$30.00	DI
REF:2471705	0251582510483144	MCC:3060 F	PHONE:					
NM:BENZMIL	LER/DALLAS	TKT:0127120	070540 MVAT:	CVAT:	CC:			
OARP:BIS S	SVC:M DARP:MSP	FR:MSPND	DEP:091100					
OARP:MSP	SVC:Y DARP:MCI	FR:YCA	DEP:091100					
OARP:MCI	SVC:Y DARP:MSP	FR:YCA	DEP:091500					
OARP:MSP	SVC:M DARP:BIS	FR:MSPND	DEP:091500					
9-08	NWA AIR 012712	0070541OMAH	A NE		09-06	<b>)</b>	593.00	Di
REF:2471705	50251582510483151	MCC:3060 F	PHONE:					
NM:OLSEN/J	AMES 1	FKT:012712007	0541 MVAT:	CVAT:	CC:			
OARP:OMA	SVC:Y DARP:MSP	FR:YCA	DEP:091100					
OARP:MSP	SVC:Y DARP:MOT	FR:YCA	DEP:091100					
OARP:MOT	SVC:Y DARP:MSP	FR:YCA	DEP:091600		•			
OARP:MSP	SVC:Y DARP:OMA	FR:YCA	DEP:091600					
9-08	NWA AIR 012712	0070567OMAH	A NE		09-06	1	567.00	D
REF:2471705	50251582510483201	MCC:3060 F	PHONE:					
NM:GRAF/ST	TEVE T	KT:0127120070	567 MVAT:	CVAT:	CC:			
OARP:OMA	SVC:Y DARP:MSP	FR:YCA	DEP:091100					
OARP:MSP	SVC:H DARP:GFK	FR:HSPND	DEP:091100					
OARP:GFK	SVC:H DARP:MSP	FR:HSPND	DEP:091300					
OARP:MSP	SVC:Y DARP:OMA	FR:YCA	DEP:091300		•			
9-06	TWA AIRLINE 0157	120070528OMA	WA NE		09-00	1	113.00	D
	50251582510576087							
NM:GOUGE		TKT:015712007		CVAT:	CC:			
OARP:OMA	SVC:1 LIMPP:SII	PICTUM	DEP:091200					

~•	RE	_	(Reference:	Joint '	R TDY TRAVEI	lation	s)		ST		1. DATE OF REQUEST	
		Travel	Authorized		cated in ite						23-AUG-2000	
					REQUEST FOR	OFFIC:	<del></del>					
2.NAME (La	st, First, Mid	dle Init	:ial)	SSN			3.POSI	TIC	ON TITLE AND GRADE	OR RAT	ING	
GOUGER, TIMOT	THY P						ENVIRO	NME	ENTAL ENGINEER		GS12	
4.OFFICIAL ST		יביבי כיפ					5.ORGA	NIZ	ZATIONAL ELEMENT	HONE NO.		
OFFUTT, AFB,		11102					CENWO-	CD-	-FC-R	402	-293-2514	
7. TYPE OF ORDERS 8. SECURITY CLEARANCE							9.PURP RAPID		OF TDY SPONSE			
TEMPORARY DUT	··	<del></del>		<del> </del>			4					
10a.APPROX NO. DAYS OF TDY   b.PROCEED O/A (DATE) (Including travel time)												
2 12-SEP-2000							CATEGO	RY	SITE VISIT-OPERA	TIONAL/	ANGRIAL	
11.ITINERARY				Y V	ARIATION AUT	THORIZI	ED				•	
	AMENDMENT N A / DOUGLAS OUIS MO MISS	ne nebra	aska proceed				HRS					
12.MODE OF TR	ANSPORTATION		TP TR	nspn re(	2 - PLANE							
	COMMERCIAL				GOVERNME	ent		PRIVATELY OWNED CONVEYANCE (Check one)				
RAIL AI	R BUS		SHIP	AIR	VEHICLE	SH	[P	RA	TE PER MILE: 0.000			
نــا	TERMINED BY		ATE TRANSPO	RTATION	OFFICER				constructive cost	ement ar of com	d per diem limited to mon carrier transportation determined in JTR. Travel	
OTHER RATE	PER DIEM AU			NCE WITE	i jtr							
14.ESTIMATED	COST										15.ADVANCE AUTHORIZED	
PER DIEM	82.00	TRAVEL	\$337.50		OTHER	\$175.0	00	T	OTAL \$1,094.50		\$.00	
16.REMARKS See Attached				requirem	aents, leave	e, supe	erior or	18	t-class accommodat	ions, e	xcess baggage, etc.)	
TRAVEL ADVANC	E MUST BE SE	TTLED WI	THIN 5 DAYS	OF COME	LETION OF T	TRAVEL.	<b>FAILUR</b>	E T	O DO SO WILL RESUL	T IN CC	LLECTION ACTION.	
17.REQUESTING /ELECTRONICAL SUPERVISORY C	LY SIGNED BY	/ STEVE	Title and si T RASMUSSEN 23-AUG-2	•		/BI	ECTRONIC	CAL	OFFICIAL (Tit) LY SIGNED BY/ JERC IVIL ENGINEER	DME W WC	ignature) ODS -AUG-2000	
					AUTHO	RIZATI	ON					
19.ACCOUNTING 96	CITATION						i0%			_		
· · · · · · · · · · · · · · · · · · ·							UTHENTI(		OA)	·····	23-AUG-2000 EL ORDER NUMBER	
		C	FFUTT, AFB,	NE68113	j.				Į		006654G6	

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 23-AUG-2000
NAME (Last, First)	TRAVEL ORDER NUMBER
GOUGER, TIMOTHY P	006654G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

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<b>.</b>		_	ND AUTHORIZ (Reference Authorized	: Joint !	Trav	el Regulat	ions	)		3L			1. DATE OF REQUEST 23-AUG-2000	
				]	REQU	EST FOR OF	FICIA	AL TRAV	EL					
2.NAME	(Last,First	,Middle Ini	tial)	SSN		_		3.POSI	TIC	ON TITLE AND GRADE	OR RA	ATIN	G	
  GOUGER, TI	MOTHY P			-				ENVIRO	NME	ENTAL ENGINEER		GS12		
4.OFFICIAL	STATION ONSE RESIDE	NUL OBBICE						5.ORGA	NIZ	CATIONAL ELEMENT	6.	. PHONE NO.		
OFFUTT, AF		NI OFFICE						CENWO-CD-FC-R 402-29				93-2514		
7.TYPE OF				8.SECUE	RITY		9. PURPOSE OF TDY RAPID RESPONSE/TECHNICAL SUPPORT							
10a.APPROX	NO. DAYS O	F TDY		b. PROCE	SED									
(Inclu	ding travel 2	time)	] ]	13-S	İ	CATEGO	R¥	SITE VISIT-OPERA	TIONAL	L/MINO	GRIAL			
11.ITINERA	RY			YV	ARIA	TION AUTHO	RIZEL	)				_		
11.ITINERARY   Y   VARIATION AUTHORIZED   LEG: 2 OF 2 AMENDMENT NUMBER: 0   FROM: ST LOUIS MO MISSOURI PROCEED ON 13-SEP-2000 AT 2300 HRS   TO : CHICAGO / COOK IL ILLINOIS DEPART ON 15-SEP-2000 AT 2300 HRS														
12.MODE OF	12.MODE OF TRANSPORTATION TP TRNSPN REQ - PLANE													
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14.ESTIMAT	ED COST											15	ADVANCE AUTHORIZED	
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16.REMARKS See Attach	(Use t ed For Addit			requirem	ent	s, leave,	super	ior or	16	t-class accommoda	tions,	exc	ess baggage, etc.)	
TRAVEL ADV	ANCE MUST BE	SETTLED WI	THIN 5 DAYS	OF COMP	LET:	ION OF TRAV	VEL.	FAILURE	r	O DO SO WILL RESU	LT IN	COLL	ECTION ACTION.	
/ELECTRONIC	17.REQUESTING OFFICIAL (Title and signature)  /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN  /ELECTRONICALLY SIGNED BY/ JEROME M WOODS  SUPERVISORY CIVIL ENGINEER 23-AUG-2000  SUPERVISORY CIVIL ENGINEER 23-AUG-2000													
						AUTHOR12	ZATIO	N						
19.ACCOUNT	ING CITATION	ī					50 <sup>9</sup>					·		
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VOUCHER FOR TRANSFERS CIC # · 99EPA SUPERFUND PAGE NO. 001 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* BILLED DATE 29-SEP-2000 BETWEEN APPROPRIATIONS AND/OR FUNDS ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 · (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 D.O. VOUCHER NO. BIT AUTICABS NO BILL NO DAID BY CHECK NO COLLECTION VOU. NO. 28027068 PARTIAL # 24 01-SEP-2000 THRU 29-SEP-2000 BILLED OFFICE (MAIL TO): BILLING OFFICE (SEND REMITTANCE TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER MS 002 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION 68 20 X 8145.0000 1999 00 0000 NA NA \$119,422.17 96252 \$119,422.17 MOA DESCRIPTION LINE ITEM 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 INHOUSE - OTHER RESOURCES 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR

PAYMENT DUE DATE 29-OCT-2000

PAY THIS AMOUNT

PARTIAL AMOUNT PAID

SUBTOTAL

\$.00

\$119,422.17

CERTIFICATE OF OFFICE BILLED I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED.

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080

DA FORM 4445-R

FUNDS AUTHORIZED:

TOTAL FLUX BILLED:

TOTAL BILLED AMOUNT:

PREVIOUS BILLED AMOUNT:

CURRENT BILLED AMOUNT:

PREVIOUS FLUX BILLED:

CURRENT FLUX BILLED:

\$529,400.00

\$348,299.14

\$228,876,97

\$119,422.17

\$.00 DATE

\$.00

\$.00

000001 INHOUSE - LABOR

cuortl.2.1.14 499

CUSTOMER ORDER: DW96947840-0560

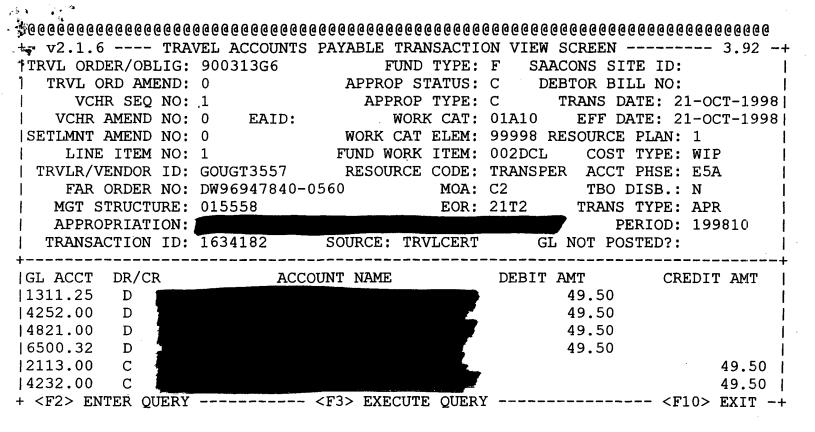
TRANSACTION LISTING

ACCOUNTING PERIOD: 09-2000

Page: 1 Date: 21-DEC-2001 OMAHA DISTRICT

CONTRACT - OUTSID	E GOVERNMENT									
Transaction Date 18-SEP-2000 19-SEP-2000 21-SEP-2000 21-SEP-2000	PR&C W59XQG02361796 W59XQG02361796 W59XQG90122578 W59XQG90122578	Obligation 99/EOY/AUG-SEP#3 006654G6 DACA45-98-D-0004 DACA45-98-D-0004	Del Orde NA NA 0006 0006	r No	Emp ID	Line Item 0009 1 0001 0001	Resource Code TRANSPER TRANSPER CONSTSVCS CONSTSVCS	Accrual	Ind	Total \$143.75 \$142.96 \$12,762.53 \$103,225.78
					SUBTOTAL	COST:				\$116,275.00
INHOUSE - OTHER R	ESOURCES									
Transaction Date 20-SEP-2000	PR&C W59XQG02634657	Obligation	Del Orde	r No	Emp ID	Line Item	Resource Code RAPIDUSER	Accrual	Ind	Total \$166.39
					SUBTOTAL	COST:				\$166.39
INHOUSE - LABOR										
Transaction Date 11-SEP-2000 12-SEP-2000 15-SEP-2000 18-SEP-2000 19-SEP-2000 22-SEP-2000 26-SEP-2000	Charge Code L66586 L66586 L66586 L66586 L66586 L66586	Work Date 08-SEP-2000 11-SEP-2000 12-SEP-2000 15-SEP-2000 19-SEP-2000 22-SEP-2000	Emp ID	No.	of Hours 1 1 2 16 2 6	Type RG RG RG RG RG RG	Labor \$	G&A \$	Indirect \$	Total \$80.55 \$80.55 \$161.14 \$1,288.87 \$161.14 \$483.42 \$725.11
					SUBTOTAL	co \$	1,565.53	\$402.33	\$1,012.92	\$2,980.78
			•						TOTAL COST:	\$119,422.17

\*\*\* E N D O F R E P O R T - 21-DEC-2001 - 11:01 - SID G6CEFMP1 \*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*



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BLECTRONIC FUND TRANSFER OTHER		member Employe		ı [	DEPEN	DENT	(S)	DLA	000011	7490		
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P	•	5. GRA		6.		riva	ey Act	Data	b. Subvoucher No.			
7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act In	nformat	ion.		c.S	TATE	d.ZII	CODE		c. PAID BY 8736 220ct1998			
8. TELEPHONE NUMBER 9. TRAVEL ORDER 402-293-2514 900313G6 1	NUMBER 50ct19		10.1	PREV.		PAYMI \$.00	ents/al	VANCES	USACE FINANCE CENTER			
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16. REIMBURSABLE EXPENSES		<u></u>			1	17. L	EAVE		e. SUMMARY OF PAYMENT (1) Per Diem \$31.5			
DATE b. NATURE OF EXPENSE	c. A	MOUNT	b. A	LLOW	VED .	a. DA	YS b.	HOURS	(2) Actual Expense (3) Mileage (4) Dependent Travel			
190ct1998 MILEAGE TO/FROM AIRPORT 190ct1998 PARKING FEES - AIRPORT	\$	9.75 5.25				c TA	KEN BE	PWRKN	(5) DLA (6) Reimbursable Expe	nse \$18.00		
190ct1998 TRANSPORTATION - SUBWAY	š	3.00							(7) Total (8) Less Advance	\$49.50		
					ļ	d. AN	D .		(9) Amount Owed (10) Amount Due	. \$49.50		
18. POC TRAVEL: OWNER/OPERATOR			PAS	SENG	BER :				NSPORTATION REQUEST ( AUTHORIZATION (MTA)	GTR)/MILITARY		
<ol> <li>Long distance telephone calls are certifi necessary in the interest of the government</li> </ol>						a.	GTR/MT	A NO.	b. FROM	c. TO		
APPROVING OFFICER (31 USC 1348(b))			11	940961	81	omaha / douglas neb	CHICAGO / DU PAGE,					
21.a. CLAIMANT SIGNATURE		b. DATE							IGNATURE / JEROME M WOODS	b. DATE 200ct1998		
23. ACCOUNTING CLASS							96252	G625	294 002DCL 100 %	FUNDED		
24. COLLECTION DATA									·			
25. COMPUTED BY 26. AUDITED BY 27.TRVL O SHELIA DACQUISTO JUDITH MORGAN	RD POS	TED BY	28.		IVED 6593		e signa		nd date or check no.) 220ct1998	29. AMOUNT PAID \$49.50		

	TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet)  PAGE NO. 2												
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		REQUEST A			OR TDY TRAVEL O			NNE	3L		1. DATE OF REQUEST		
		Travel			icated in items			21	and the second s		20-OCT-1998		
					REQUEST FOR OF	L TRAVI	EL						
2.NAME (	(Last,First,	,Middle Ini	tial)	SSN		3	3.POSI	TIC	ON TITLE AND GRADE	OR RAT	ING		
GOUGER, TIM	OTHY P					1	ENVIRO	NME	ENTAL ENGINEER		GS12		
4.OFFICIAL RAPID RESPO		NT OFFICE				=	5.ORGAL	NIZ	ZATIONAL ELEMENT	6.P	HONE NO.		
OFFUTT, AFE					····	C	CENWO-0	CD-	FC-R	402	-293-2514		
7. TYPE OF C	RDERS			8.SECU	RITY CLEARANCE		9.PURPO		OF TDY				
TEMPORARY D	)UTY						and buffun						
10a.APPROX (Includ	NO. DAYS OF			b.PROC	CEED O/A (DATE)	,							
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11.ITINERAR	ι¥												
	EG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-OCT-1998 AT 600 HRS												
	TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-OCT-1998 AT 1900 HRS												
12.MODE OF	2.MODE OF TRANSPORTATION TP TRNSPN REQ - PLANE												
	COMMERCIAL GOVERNMENT PRIVATELY OWNED CONVEYANCE (Check one)												
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AS	DETERMINED	BY APPROPR	IATE TRANSPO	ORTATION	OFFICER	<u> </u>		Ц	More advantageous	s to gov	vernment		
							ĺ				nd per diem limited to		
(Ov	erseas Trav	rel only)					ļ	Γ	and related per	diem as	mmon carrier transportation determined in JTR. Travel		
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<u>⊢</u> , ⊾			D IN ACCORDA	NCB MIT	a jtr						-		
OTHER RA	TE OF PER D	OIEM (Specify	<u>r)                                    </u>							<del></del> 1	<del></del>		
14.ESTIMATE	D COST	<del></del>			т ————			<del>-</del>			15.ADVANCE AUTHORIZED		
PER DIEM	\$42.00	TRAVEL	\$216.00	, !	OTHER \$	75.00		T	OTAL \$333.00		\$.00		
16.REMARKS	····	his space f	for special	require	ments, leave,	superi	or or	18	t-class accommodat	Lions, e	excess baggage, etc.)		
		ional Remar				•							
TRAVEL ADVA	NCR MUST BE	SETTLED WI	rTHIN 5 DAYS	OF COM	PLETION OF TRA	VEL. F	AILURE	·T	O DO SO WILL RESUI	LT IN CC	OLLECTION ACTION.		
17.REQUESTI			Fitle and si	<del> </del>		•					signature)		
	ALLY SIGNED	BY/ STEVE	T RASMUSSEN 20-OCT-1	1		/ELEC	TRONIC	AL	LY SIGNED BY/ JERO	OMB W WC			
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USACE			P.O. BOX 132 OFFUTT, AFB,		)					22.TRAV	VEL ORDER NUMBER 900314G6		

.[	U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 20-OCT-1998
	NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 900314G6

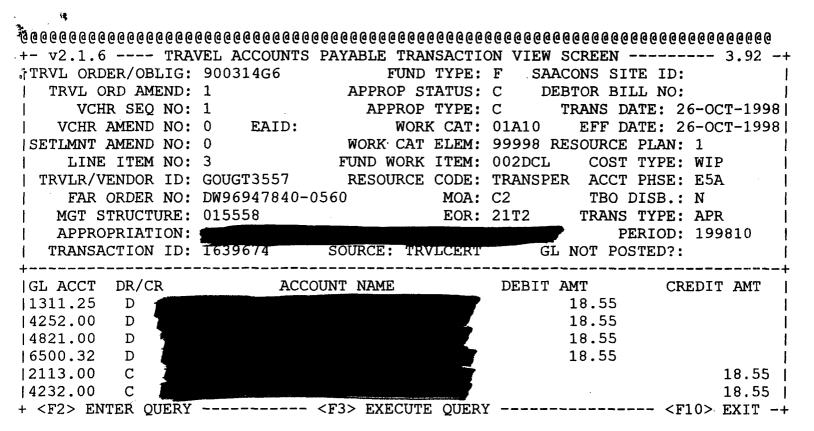
## 16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

RE	EQUEST AND AUTHORIZA (Reference Travel Authorized	: Joint T	ravel Regulat	ions)				1. DATE OF REQUEST 15-OCT-1998			
		R	EQUEST FOR OF	FICIAL T	RAVE	EL .					
2.NAME (Last, First, Mid	dle Initial)	SSN		3.PG	OSIT	ION TITLE AND GRADE	R RATI	NG			
GOUGER, TIMOTHY P				ENV	IRON	MENTAL ENGINEER	GS12				
4.OFFICIAL STATION	DEET CE			5 . OI	RGAN	IZATIONAL ELEMENT	6 . PH	ONE NO.			
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7.TYPE OF ORDERS		8.SECUR	ITY CLEARANCE			SE OF TDY					
TEMPORARY DUTY				TECE	TECH SUPPORT						
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11.ITINERARY		YVA	RIATION AUTHO	RIZED							
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12.MODE OF TRANSPORTATION TP TRNSPN REQ - PLANE  COMMERCIAL GOVERNMENT PRIVATELY OWNED CONVEYANCE (Check one)											
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14 .ESTIMATED COST							:	15.ADVANCE AUTHORIZED			
PER DIEM \$42.00	TRAVEL \$216'.00		OTHER \$1	75.00		TOTAL \$333.00		\$.00			
16.REMARKS (Use this RENTAL VEHICLE AUTHORIZED MILEAGE TO AIRPORT FROM R IF TRIP IS CANCELLED OR COFFICIAL TRAVEL ARRANGEME ROMENT IS NOT REIMBURSABL TRAVEL ADVANCE MUST BE SE	. THIS DOES NOT NEG ESIDENCE/OFFICE AND HANGED, TRAVELER IS NTS PURCHASED THROU E EXCEPT AT LOCATIO	ATE REGIONALE INTERPRETATION OF A COMPINS WHERE	Q. TO USE AVAI TURN IS AUTHOR FOR ISSUED/UNI MERCIAL TRAVEI THERE IS NO (	ILABLE LI RIZED. USED TICK L OFFICE CTO CONTR	(MO) (ETS) (TR) (ACT	UNTIL TURNED IN WITH AVEL AGENCY) NOT UNDE WITH THE GOVERNMENT.	RT TVL VOR CONTI	DUCHER RACT TO THE GOVE			
	7.REQUESTING OFFICIAL (Title and signature)   18.APPROVING OFFICIAL (Title and signature)   ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN   /ELECTRONICALLY SIGNED BY/ JEROME M WOODS UPERVISORY CIVIL ENGINEER 15-OCT-1998   SUPERVISORY CIVIL ENGINEER 15-OCT-1998										
			AUTHORIZ	ZATION							
19.ACCOUNTING CITATION	ACCOUNTING CITATION 100%										
20.ORDER AUTHORIZING OFFI /ELECTRONICALLY SIGNED BY FORT CROOK AREA OFFICE USACE				OR AUTHEN	-	(OA)		ISSUED 6-OCT-1998 EL ORDER NUMBER 900313G6			

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4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P	GRAD 12						Data	b. SUBVOUCHER NO.					
7. ADDRESS a NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act I	1.	c.STATE d.ZIP CODE						c. PAID BY 8736 270ct1998					
8. TELEPHONE NUMBER 9. TRAVEL ORDER							ENTS/A	USACE PINANCE CENTER					
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22Oct1998 PARKING FEES - AIRPORT 22Oct1998 TRANSPORTATION - BUS	\$	\$ 5.25								(7) Total \$18.5 (8) Less Advance			
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21.a. CLAIMANT SIGNATURE b. DATE 22.a. APPROVING OFFICER SIGNATURE b. DATE /ELECTRONICALLY SIGNED BY/ JEROME M WOODS 230ct199										b. DATE 230ct1998			
23. ACCOUNTING CLASS 96252 G625294 002DCL 000 % FUNDED 96252 G625294 002DCM 100 % FUNDED													
24. COLLECTION DATA	24. COLLECTION DATA												
25. COMPUTED BY 26. AUDITED BY 27.TRVL CONFILING DACQUISTO JUDITH MORGAN	RECEIVED (Payee signature and date or check no.) 29. AMOUNT PAIR 249253 270ct1998 \$18.55												

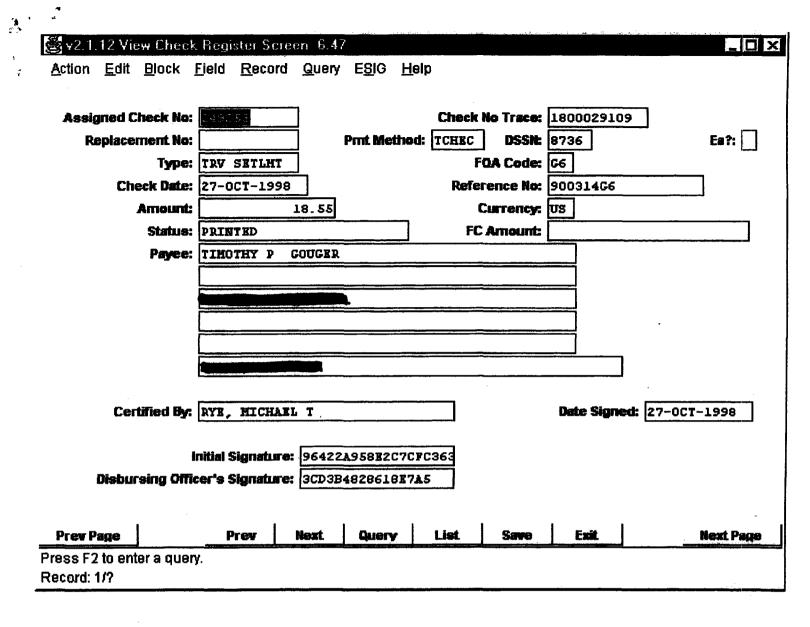
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TICKET AND BAGGAGE CHECK CTARDY, 896252, COECNA 555191 A43 PASSENGER RECEIPT ARC SEE SOUTHWEST AIRLINES 728926122 GOUGER/TIM XXXXX NE US 160CT 98 ONA OSNOOJAA YCANDV \*\*NOT VALID FOR \* \*\*\*\* THIS IS YOUR RECEIP 498473 /FCOMA WN CHI85.1 VN ONA85.19YCANDW 170.38 END ZPONA2NDW2 XFNDW3 XF. 3.00 USD, 178.38 \*\*\*\*\*\*\*\*\*\*\* NOT VALID FOR TRAVEL 0 526 1194096182 3 USD 191.00

	REQUEST A	ND AUTHORIZ	TION FOR	TDY TRAVEL OF	P DOD PERSOI	NNEL		1. DATE OF REQUEST		
J*	20-OCT-1998									
REQUEST FOR OFFICIAL TRAVEL										
2.NAVE (Last,F	rst,Middle Ini	tial)	SSN		3.POSI	FION TITLE AND GRADE O	R RATI	ING		
GOUGER, TIMOTHY P ENVIRONMENTAL ENGINEER GS12										
4.OFFICIAL STATIO				5.ORGA	NIZATIONAL ELEMENT	6 . PI	HONE NO.			
RAPID RESPONSE RE OFFUTT, AFB, NE	SIDENT OFFICE				CENWO-	CD-FC-R	293-	3-2500		
7.TYPE OF ORDERS			8 . SECUR	RITY CLEARANCE	1	OSE OF TDY	1			
TEMPORARY DUTY					TECH S	JPPORT.	•			
10a APPROX NO. DA			b . PROCE	ED O/A (DATE)						
(Including tr	1		2	22-0CT-1998	CATEGO	RY SITE VISIT-OPERATI	ONAL/N	/MNGRIAL		
11.ITINERARY			Y V	ARIATION AUTHOR	RIZED					
LEG: 1 OF 1 AME FROM: OMAHA /			1 22-OCT-	-1998 AT 600 F	æs.					
TO : CHICAGO						00 HRS				
12.MODE OF TRANSP	NOITATRO	TP T	enspn reg	- PLANE						
СОМ	MERCIAL .	<del></del>		GOVERNMENT		PRIVATELY OWN	PRIVATELY OWNED CONVEYANCE (Check one)			
RAIL AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	RATE PER MILE:	;			
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER  (Overseas Travel only)  (Overseas Travel only)  Mileage reimbursement and per diem limited to constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.										
_ 니	DIEM AUTHORIZE		ANCE WITH	i jtr				-		
OTHER RATE OF	PER DIEM(Specia	·¥1						15.ADVANCE AUTHORIZED		
PER DIEM	TRAVEI			OTHER		TOTAL		13.ADVANCS ACINOCIALS		
\$42.0		\$216.0	0.		75.00	\$333.00		\$.00		
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.  IF TRIP IS CANCELLED OR CHANGED, THAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER  OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.  TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.										
17.REQUESTING OFFICIAL (Title and signature)   /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN   SUPERVISORY CIVIL ENGINEER 20-OCT-1998   SUPERVISORY CIVIL ENGINEER 20-OCT-1998										
	<del></del>			AUTHORI	ZATION		· · · · · ·			
19.ACCOUNTING CIT	ATION				100%					
20.ORDER AUTHORIZ /ELECTRONICALLY S	IGNED BY/ JANI	•	and sign		OR AUTHENTI RT ASSISTAN		21.DAT	E ISSUED 21-OCT-1998		
USACE		P.O. BOX 13 OFFUTT, AFE		3		ļ	22.TRA	VEL ORDER NUMBER 900314G6		

DD FORM 1610, 1 JUN 67



certlabr.2.1.19 575

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 09:34:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

∍G6

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 10/24/1998 PAY PERIOD ENDING: 10/24/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 10/24 Total

\*The above hours were ELECTRONICALLY SIGNED ON: 26-OCT-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

REG= 72.00 HOL= OVT= ALV= OLV= NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

cértlabr.2.1.19 575

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIMB: 09:34:25

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKERPER: 1J

LABOR-COST FROM : 10/11/1998

LABOR-COST TO : 10/24/1998

EMPLOYEE COUNT = 1

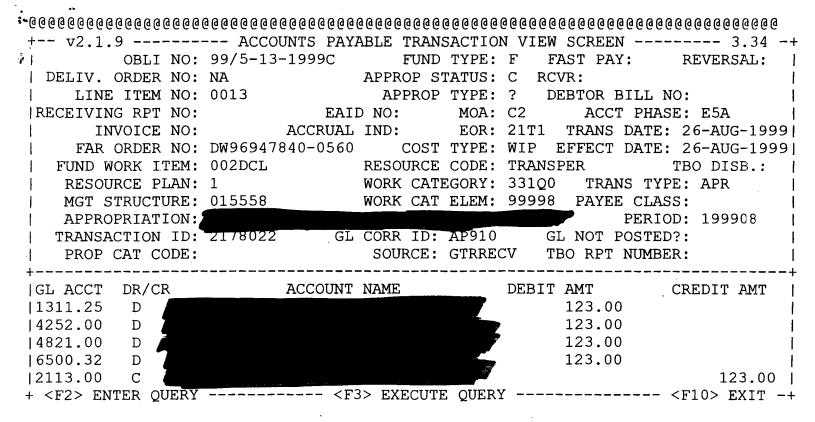
EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 09:34 - SID G6CEFMP1 \*\*\*

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	Trav	avel Order rel Order Di			)	•		BMIL J BERA TEMPORARY D			
	Obligation L <b>Oblig</b>		Obli Li No	Descript	ion	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance	
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Record: 1/1

ORDER FOR SUPPLIES OR SER	PAGE 1				
Public reporting burden for this collection of informative reviewing instructions, searching existing data source the collection of information. Send comments reguarding information, including suggestions for reducing this loperations and Reports, 1215 Jefferson Davis Highway, and Budget, Paperwork Reduction Project(0704-0187), Washington	es, gathering and maintaining t ng this burden estimate or any burden, to Washington Headquart Suite 1204, Arlington, Va 2220	the data needed, other aspect of ers Services, D	and comple this colle Directorate	eting and reviewing ection of for Information	
1. CONTRACT/PURCH ORDER NO. 2. DELIVERY ORDER NO. 99/5-13-1999C NA	3. DATE OF ORDER. 4. REQU 26-AUG-1999	USITION/PURCH R W59XQG90889862		5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY CODE	7. ADMINISTERED BY	ODE			
				8. DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)	
9. CONTRACTOR VENDOR ID: NB22399 CODE	FACILITY CODE 1	O.DELIVER TO FO	B POINT BY	11.MARK IF BUS. IS	
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785	1	2. DISCOUNT TER	MS	[ ] SMALL DIS- ADVANTAGED [ ] WOMEN-OWNED	
DALLAS, TX 75265-0785	1	3. MAIL INVOICE	S TO See B	lock 15	
14. SHIP TO CODE	15. PAYMENT WILL BE MADE BY	CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
	1				
16. DELIVERY This delivery order is issued on anot to terms and conditions of the above		cordance with a	nd subject		
PURCHASE Reference your	furn	ish the followi	ng on terms	specified herein.	
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER REOR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND				OUSLY HAVE BEEN	
NAME OF CONTRACTOR SIGNATURE  If this box is marked, supplier must sign Acceptan		PED NAME AND TI mber of copies:	TLE	DATE SIGNED	
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE					
18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE	20. QUANTITY ORDERED/ACCEPTED*	21. 22. UN	IT PRICE	23. AMOUNT	
0001 7631639820/3349G6/BOWERS 0002 7631639821/2781G6/WINSLOW	.0000/ .000 .0000/ .000	! !	\$.00 \$.00	\$311.00 \$311.00	
if quantity accepted by the Government 24. UNITED STA is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity BY: ordered and encircle.	TES OF AMERICA  CONTRACTING/OR	j-  :  1	25. TOTAL 29. DIFFERENCES	\$16,827.32	
26. QUANTITY IN COLUMN 20 HAS BEEN	<del></del>		30.		
[]INSPECTED [X]RECEIVED []ACCEPTED AND CONFORMS TO	000001 ** M		INITIALS		
CONTRACT EXCEPT AS NOTED  26-AUG-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP	[X] FINAL 32. PAID I	3Y 3	33. AMT VERI	FIED CORRECT FOR \$311.00	
36.I certify this amount is correct and proper for pay	ment [] COMPLETE	-SEP-99	000	MBER 00473861	
DATE SIGNATURE AND TITLE OF CERTIFYING OPFIC	[] PINAL	3	35. BILL OF LADING NO.		
	EC'D 40 TOTAL CONT. 41. S/R	ACCOUNT NUMBER	42. S/F	VOUCHER NO.	

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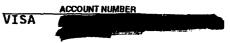
18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE 20. QUANTITY 21. 22. UNIT PRICE 23. AMOUNT ORDERED/ACCEPTED\* .0000/ .0000 JВ \$455.00 0003 7631639832/3709G6/SPENCE \$.00 .0000/ .0000 JB \$.00 \$455.00 0004 7631639833/ .0000/ 0000 7631639822/23/3283G6/FISHER, L .TR \$371 00 0005 \$.00 .0000/ 0006 7631639824/3093G6/SCHAEFER .0000 .TR \$.00 \$268.00 7631639847/3193G6/STREIB .0000/ .0000 .TR \$.00 \$359.00 0007 8000 7633391446/3995G6/SCHMIDT .0000/ .0000 JB \$.00 \$377.00 7633391436/3728G6/ADOLF .0000/ .0000 JB. \$.00 \$635.00 0009 .0000/ .0000 JB \$123.00 7633391441/3598G6/KAY \$.00 0010 7633391442/3599G6/PRIDAL .0000/ .0000 JB \$123.00 \$.00 0011 7633391453/253G6/BULCAN .0000/ .0000 JB \$123.00 0012 \$.00 0013 7633391458/3994G6/BERAN .0000/ .0000 JB \$.00 \$123.00 .0000/ anga .TB \$123.00 0014 7633391459/3997G6/THOMASON \$.00 7633391469/4012G6/LINDQUIST .0000/ .0000 .TR \$.00 \$377.00 0015 76343391469/70/4003G6/BUSS .0000/ .0000 JB \$.00 \$346.00 0016 76343391469/70/4003G6/BUSS .0000/ .0000 JB \$.00 \$346.00 0017 .0000/ .0000 JΒ \$.00 \$377.00 0018 7633391476/4033G6/KIRSCHBAUM 7633391477/4035G6/KIRSCHBAUM .0000/ .0000 JB \$.00 \$271.00 0019 7633391454/3966G6/MEAD .0000/ .0000 JB \$.00 \$509.00 0020 7633391463/4032G6/FOLKERS .0000 \$473.00 .0000/ JB \$.00 0021 \$377.00 .0000 .0000/ .TR \$.00 0022 7633391474/4041G6/DARLING \$411.00 0023 7635868265/4038G6/HOBZA .0000/ .0000 JB \$.00 7635868266/4039G6/HERSE .0000/ .0000 JB \$.00 \$411.00 0024 .0000 7635868367/4057G6/WAGNER, G .0000/ JB \$.00 \$173.00 0025 7635868291/3989G6/DAVIES .0000/ .0000 JΒ \$.00 \$211.00 0026 .0000/ .0000 JΒ \$.00 \$425.00 7633391499/3489G6/JOHNSON, C 0027 .0000/ 7633391492/4028G6/HINES .0000 JВ \$.00 \$271.00 0028 \$169.00 7633391495/4005G6/STONER .0000/ .0000 JB \$.00 0029 7635868255/3868G6/DWORKIN .0000/ .0000 JΒ \$.00 \$211.00 0030 .0000/ .0000 \$.00 \$531.00 7635868385/256G6/VADER JB 0031 .0000 \$.00 \$381.00 7633391498/3678G6/BURNS .0000/ JΒ 0032 .0000/ . 0000 \$379.00 .TB \$.00 0033 7635868340/254G6/COOPER .0000 \$221.50 0034 7635868355/4075G6/PAVLIK .0000/ JB \$.00 7633391496/97/3743G6/BARTEL .0000/ .0000 JB \$.00 \$452.82 0035 7635868350/51/3046G6/RONFELDT .0000/ .0000 JB \$.00 \$433.00 0036 .0000/ .0000 \$.00 \$414.00 7635868253/54/CLEVELAND JB 0037 .0000/ .0000 \$.00 \$205.00 7635868358/4040G6/MAO JB 0038 \$.00 \$377.00 7635868300/4068G6/MEIER .0000/ .0000 JB 0039 \$.00 \$435.00 7635868308/3758G6/ANDERSEN .0000/ .0000 JB 0040 .0000/ .0000 JΒ \$.00 \$732.00 7635868309/10/3796G6/CHAEFER 0041 .0000/ .0000 \$.00 \$597.00 7635868301/3981G6/MORONG JB 0042 \$597.00 .0000/ .0000 JB \$.00 0043 7635868302/3987G6/ANDERSON, P \$.00 \$256.00 .0000/ .0000 0044 7635868306/07/3468G6/ENGELBART .TB 0045 7635868306/07/3468G6/ENGELBART .0000/ .0000 JΒ \$.00 \$256.00 .0000/ .0000 JB \$.00 \$266.00 7633391409/3924G6/GREENWOOD 0046 .0000/ .0000 JB \$.00 \$115.50 7633391428/3985G6/STRATTON 0047 \$.00 \$115.50 .0000/ .0000 JB 7633391428/3985G6/STRATTON 0048 \$379.00 7635868289/4071G6/WRIGHT .0000 JΒ \$.00 0049 .0000/ \$169.00 7633391430/3988G6/WESTENBURG .0000/ .0000 JΒ \$.00 0050

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## **NationsBank**

USACE OMAHA DISTRICT DARLENE SKINNER 215 N 17TH ST. OMAHA NE 68102-4978



Page 16 of 39

INDIVID	UAL CARD	HOLDER ACTIVI	TY		
OARP:STL SVC:Y DARP:OMA FR: DEP:042899	,		· · · · · · · · · · · · · · · · · · ·		
04-26 TWA AIRLINE 01576333914420MAHA NE REF:24717059113581130879698 MCC:3004 PHONE: NM:PRIDAL/DTKT:0157633391442 MVAT:	CVAT:	04-22 CC:	- <i>(</i> )	123.00	D
OARP:OMA SVC:Y DARP:STL FR: DEP:042899 OARP:STL SVC:Y DARP:OMA FR: DEP:042899	<b></b>		3599		
04-26 TWA AIRLINE 0157633391453OMAHA NE		04-22		123.00	Đ
REF:24717059113581130879706 MCC:3004 PHONE: NM:VULCAN/B TKT:0157633391453 MVAT:	CVAT:	GC:	25 <i>3</i>		
OARP:OMA SVC:Y DARP:OMA FR: DEP:042599 OARP:STL SVO:Y DARP:OMA FR: DEP:042599			J 33		
94-26 TWA AIRLINE 0157633391458OMAHA NE		04-23		123.00	DF
REF:24717059114581140507395 MCC:3004 PHONE: NM:BERAN/E TKT:0157633391458 MVAT:	CVAT:	CC:	3994		
OARP:OMA SVC:Y DARP:STL FR: DEP:042799 OARP:STL SVC:Y DARP:OMA FR: DEP:042799			<i>5</i> /		
04-26 TWA AIRLINE 01576333914590MAHA NE		04-23		123.00	DP
REF:24717059114581140507403 MCC:3004 PHONE: NM:THOMASON/P TKT:0157633391459 MVAT:	CVAT:	CC:	م ۵		
OARP:OMA SVC:Y DARP:STL FR: DEP:042799 OARP:STL SVC:Y DARP:OMA FR: DEP:042799	<b>U</b>		3997		
04-26 UNITED AIR 0167633391468OMAHA NE		04-23		377.00	DF
REF;24792629114681931185530 MCC:3000 PHONE:  NM:LINDQUIST/T TKT:0167633391468 MVAT:  OARP:OMA SVC:Y DARP:DEN FR: DEP:042699	CVAT:	CC:	4012		
OARP:DEN SVC:Y DARP:OMA FR: DEP:042699			1,012		
04-26 UNITED AIR 01676333914690MAHA NE REF:24792629114681931165548 MCC:3000 PHONE:		04-23		692.00	DP
NM:BUSS/M TKT:0167633391469 MVAT: OARP:OMA SVC:Y DARP:ORD FR: DEP:042699 OARP:ORD SVC:H DARP:AZO FR: DEP:042699	CVAT:	CC:	4003		
OARP:AZO SVC:HX DARP:DTW FR: DEP:042699 OARP:DTW SVC:YO DARP:LGA FR: DEP:042699					
04-26 UNITED AIR 01676333914760MAHA NE REF:24792629114681931185563 MCC:3000 PHONE:	,	04-23		377.00	DR
MM: MRSCHBAUM/J TKT:0167633391476 MVAT: OARP:OMA SVC:Y DARP:DEN FR: DEP:042599 OARP:DEN SVC:Y DARP:OMA FR: DEP:042599	CVAT:	CC:	4033		
04-28 UNITED AIR 01676333914770MAHA NE		04-23		271.00	DP
REF:24792629114681931185571 MCC:3000 PHONE: NM:KIRSCHBAUM/J TKT:0167633391477 MVAT:	CVAT:	CC:	4035		
OARP:OMA SVC:Y DARP:ORD FR: DEP:042999	OVAI.	<b>3</b> 5.	7000		

<u> </u>		-	(Reference	: Joint	R TDY TRAVEL O Travel Regulat cated in items	tions)				1. DATE OF REQUEST		
			Authorized		REQUEST FOR OF					22-APR-1999		
2.NAME	/Last Pirst	,Middle Ini	tial)	SSN		<del></del>	3. POSITION TITLE AND GRADE OR RATING					
		, MIGGIE III	CIGI/	554		į			OK KAII			
BERAN, EM				·		<del></del>	EMIST		i	GS12		
4.OFFICIAL						5.	5.ORGANIZATIONAL ELEMENT   6.F			ONE NO.		
OMAHA, NE						CE	NWO-E	BD-GC	402-	221-7748		
7.TYPE OF TEMPORARY				8.SECU	RITY CLEARANCE			DSE OF TDY ISIT SAUGET SUPERFUR	D SITE			
<u> </u>		B MDV		h PPOC	PPD 0/3 (DAMP)							
	K NO. DAYS O Iding travel 2			j	EED O/A (DATE) 27-APR-1999	į	TEGOF	RY SITE VISIT-OPERA	TIONAL/M	NGRIAL		
11.ITINER	ARY	······································		Y V	ARIATION AUTHO	RIZED						
FROM: C		LAS NE NEBR	ASKA PROCEE		APR-1999 AT 8 ON 28-APR-1999		o HRS	3				
12.MODE OF	TRANSPORTA	TION	TP TI	RNSPN RE	Q - PLANE							
	COMMERC	IAL			GOVERNMENT			PRIVATELY C	WNED CON	VEYANCE (Check one)		
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP		RATE PER MILE: 0.00	00			
	DETERMINED		iate transpo	DRTATION	OPFICER	<b>i</b>		→ constructive cos	ement and t of communication	d per diem limited to mon carrier transportation determined in JTR. Travel		
13.	X PER DIE	M AUTHORIZE	D IN ACCORDA	NCE WITH	I JTR							
OTHER R	ATE OF PER	DIEM (Specif	<b>ሉ</b> )									
14.ESTIMAT	ED COST				,				2	15.ADVANCE AUTHORIZED		
PER DIEM	\$110.00	TRAVEL	\$123.00	)	OTHER \$	50.00	-	TOTAL \$283.00		\$.00		
	ed For Addi	tional Rema	rks					1st-class accommoda		cess baggage, etc.)		
		<del></del> -	·			<del></del>		·				
							G OFFICIAL (TIC ALLY SIGNED BY/ JOH CIVIL ENGINEER					
					AUTHOR12	ZATION						
19.ACCOUNT	ING CITATION	V				71.75	7					
/ELECTRONI	UTHORIZING (CALLY SIGNED	BY/ DARLER	(Title NE E SKINNER	and sign		OR AUTHE			21.DATE	ISSUED 2-APR-1999		
9501 JOHN	J. PERSHING		OMAHA NEKRI	12		_				L ORDER NUMBER		

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 22-APR-1999
NAME (Last, First)	TRAVEL ORDER NUMBER
BERAN, EMIL J	903994G6

## 16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND
RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. U + v2.1.43 OBLIGATION LINE ITEM STATUS  OBLIGATION NO: 99/5-13-1999C DELIVERY ORDER: NA  AMENDMENT NO: 0 AMEND DATE: 11-AUG-1999  WORK ITEM: 002DCM FUND ACCOUNT: G625294	OBLIGATION LI: 0013   FREIGHT: FAST PAY:
FUND CITATION: 96NAX3122 AMSCO: 015558	RESOURCE: TRANSPER
DESCRIPTION: COMMERCIAL TRANSPORTATION	ALLOT: 2417 EOR: 21T1
+ <pgdn> EXECUTE QUERY   RV NO CUSTOMER INV NO SCHD DATE DISB AMOUNT</pgdn>	
18 NATIONSBANK 22399 09-SEP-1999 123.00	
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Ctrl F4> RECEIPT VOUCHER   Ctrl F5> AP TRANSACTION   Ctrl F4> RECEIPT VOUCHER   Ctrl F5> AP TRANSACTION   Ctrl F4> RECEIPT VOUCHER   Ctrl F5> AP TRANSACTION   Ctrl F4> RECEIPT VOUCHER   Ctrl F5> AP TRANSACTION   Ctrl F4> RECEIPT VOUCHER   Ctrl F5> AP TRANSACTION   Ctrl F5> AP	· · · · · · · · · · · · · · · · · · ·

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					<del>_</del>							
_	-	ieck No:		<u> </u>	<b>_</b>			_	18000508	345	r <del>1</del>	
Re	eplacem	nent No:			_	Prot Meti	hed: TCHEC		8736		Ea?:	
			CONTI		<u></u> _			FOA Code:				
	Che	ck Date:	09-51	KP-1999			Refe	erence No:	99/5-13-	-1999A		
	A	lmount:	· <b></b>	92	458.64	<u> </u>	_	Сштепсу:	us			
		Status:	PRINT	LED			F(	: Amount		. 0	000000	
		Payee:	NATIO	INS BAN	IK CARD	SERVICE	3					
			P O F	30X 65C	785							
			DALLI	S, TX	75265-0	0785						
	Certi	ified By:	MORGA	IN, JAP	IKS R S	R			Date Sign	<b>ned:</b> 09-8	KP-1999	
	Initial Signature: 41716A5A5BA6D00837D											
l	Disbursing Officer's Signature: 487B3A9D68687BAA37D											
					•							
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Press F2	to ente	r a quer	<b>'y</b> .									
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certlabr.2.1.19 650

**6**6

LABOR COST REPORT WITH CERTIFICATION

Page: 1

8.00

Date: 27-DEC-2000 TIME: 12:18:35

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 08/28/1999 PAY PERIOD ENDING: 08/28/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 08/15 08/16 08/17 08/18 08/19 08/20 08/21 08/22 08/23 08/24 08/25 08/26 08/27 08/28 Total

B00594 5.00 8.00 5.50 8.00 8.00 6.00 5.00 4.00 4.00 2.00 3.00 4.00 L35672 4.00 13.00 LEAVE 3.00 3.00

LEAVE 2.50 \*The above hours were ELECTRONICALLY SIGNED ON: 30-AUG-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

10.50

REG= 66.50 HOL=

OVT=

ALV= 3.00 OLV= NON= 10.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

certlabr.2.1.19 650

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Y

80.00

Date: 27-DEC-2000

TIME: 12:18:35

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 08/15/1999

LABOR-COST TO : 08/28/1999

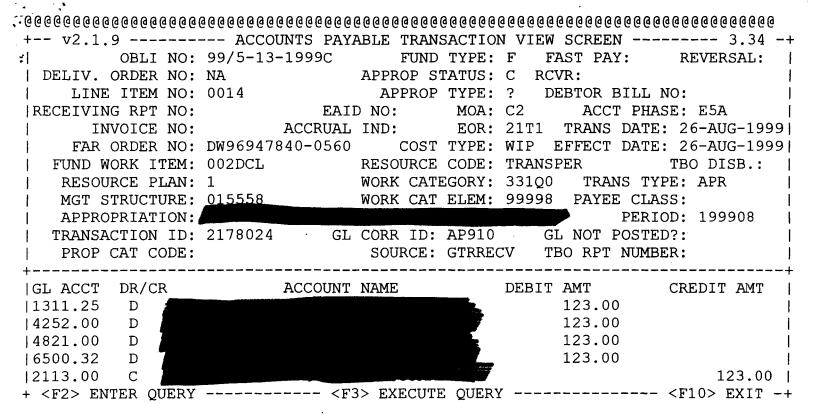
EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 12:18 - SID G6CEFMP1 \*\*\*

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			,								
Travel Order No: 30333763 Employee: PATTI J THOMASON											
II BYCI	Travel Order Date: 22-APR-1999 Type: TEMPORARY DUTY										
─ Obligation Line	e Items —	<del>~</del>			<u>-</u>						
	_	Obli Li No	Description	ı WICd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance			
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	ORDI	ER FOR SUPPLI	ES OR SERVICES	S ·				704-0187 1g 31, 1992	1
reviewing ins the collection information, Operations ar	ring burden for this structions, searchin on of information. S including suggestion d Reports, 1215 Jes Paperwork Reduction	ng existing d Send comments ons for reduc fferson Davis	ata sources, o reguarding th ing this burde Highway, Suit	gathering and ma his burden estim en, to Washingto te 1204, Arlingt	intaining thate or any on Headquartoon, Va 2220	he data other as ers Serv	needed, pect of ices, I	and comple this colle Directorate	ting and reviewing ction of for Information
	PURCH ORDER NO. 2	2. DELIVERY O		3. DATE OF ORD 26-AUG-199		ISITION/ W59XQG9		_	5.CERTIFIED FOR NATIONAL DEFENSE
. ISSUED BY	<u></u>	CODE	7.	ADMINISTERED BY	Cr	ODE			UNDER DMS REG 1
						<u> </u>			8. DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)
O. CONTRACTOR	VENDOR ID: NB22399	9 CODE	FAC	CILITY CODE		O.DELIVE	R TO FO	B POINT BY	11.MARK IF BUS. IS
NATIONS BAN 44861600000 P O BOX 650			•		1:	2. DISCO	UNT TER	ums	[] SMALL DIS- ADVANTAGED [] WOMEN-OWNED
DALLAS, TX	75265-0785				11	3. MAIL	INVOICE	S TO See B	lock 15
4. SHIP TO		CODE	15.	. PAYMENT WILL B	E MADE BY	co	DE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
	This delivery of to terms and contents and contents the contract heres	onditions of	the above numb	SENTED BY THE NU	furni	ish the	followi ER AS I	ng on terms	specified herein.
NAME If this b	OF CONTRACTOR	lier must sign	SIGNATURE n Acceptance a		TYE	PED NAME	AND TI	TLE	DATE SIGNED
····	G AND APPROPRIATION		<del></del>			1			·
.8. ITEM 19.	SCHEDULE OF SU	JPPLIES/SERVI	CE   20.	QUANTI: ORDERED/AC		21. UNIT	22. UN	IT PRICE	23. AMOUNT
i .	639820/3349G6/BOWE 639821/2781G6/WINSI			.0000/ .0000/	.000			\$.00 \$.00	\$311.00 \$311.00
is same as q by x. If di	accepted by the Gov uantity ordered, in fferent, enter actu epted below quantit encircle.	ndicate   nal	UNITED STATES		racting/ori	DERING O		25. TOTAL 29. DIFFERENCES	\$16,827.32
_	IN COLUMN 20 HAS BE		DIEODING BIO MILE	27. REC RPT NO 000001	28. D.O. V	OUCHER 1		30. INITIALS	
] INSPECTED  26-AUG-1999 DATE		NTRACT EXCEPT NNER		[ ] PARTIAL [X] FINAL	32. PAID E	3Y 3736		33. AMT VER	IFIED CORRECT FOR \$311.00
	this amount is corr			-ļ	[] COMPLETE			34. CHECK N	UMBER 00473861
DATE	SIGNATURE AND TIT	LE OF CERTIF	YING OFFICER	[] PINAL		İ	35. BILL OF	LADING NO.	
	DIGHTI			1	1		!		

20. OUANTITY 22. UNIT PRICE 18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE 21. 23. AMOUNT ORDERED/ACCEPTED\* UNIT .0000/ \$455.00 0003 7631639832/3709G6/SPENCE .0000 JB \$.00 0004 7631639833/ .0000/ .0000 JΒ \$.00 \$455.00 0005 7631639822/23/3283G6/FISHER, L .0000/ .0000 JB \$.00 \$371.00 0006 7631639824/3093G6/SCHAEFER .0000/ .0000 JB \$.00 \$268.00 7631639847/3193G6/STREIB .0000/ .0000 JΒ \$.00 \$359.00 0007 .0000/ .0000 \$.00 7633391446/3995G6/SCHMIDT JB \$377.00 0008 0000/ .0000 0009 7633391436/3728G6/ADOLF JB \$.00 \$635.00 .0000/ 0010 7633391441/3598G6/KAY .0000 .TR \$.00 \$123.00 0011 7633391442/3599G6/PRIDAL .0000/ .0000 JB \$.00 \$123.00 7633391453/253G6/BULCAN .0000/ .0000 JΒ \$.00 \$123.00 0012 7633391458/3994G6/BERAN .0000/ .0000 JΒ \$.00 \$123.00 0013 .0000/ .0000 \$.00 \$123.00 0014 7633391459/3997G6/THOMASON JB 0015 7633391469/4012G6/LINDQUIST .0000/ .0000 JB \$.00 \$377.00 76343391469/70/4003G6/BUSS .0000/ .0000 JΒ \$.00 0016 \$346.00 76343391469/70/4003G6/BUSS .0000/ .0000 JB \$.00 \$346.00 0017 .0000/ 7633391476/4033G6/KIRSCHBAUM .0000 \$.00 \$377.00 JB 0018 \$.00 0019 7633391477/4035G6/KIRSCHBAUM .0000/ .0000 JB \$271.00 0020 7633391454/3966G6/MEAD .0000/ .0000 .TR \$.00 \$509.00 0021 7633391463/4032G6/FOLKERS .0000/ .0000 JB \$.00 \$473.00 \$377.00 7633391474/4041G6/DARLING .0000/ .0000 \$.00 JB 0022 .0000 0023 7635868265/4038G6/HOBZA .0000/ JB \$.00 \$411.00 7635868266/4039G6/HERSE .0000/ .0000 JΒ \$.00 \$411.00 0024 7635868367/4057G6/WAGNER, G .0000/ .0000 JB \$.00 \$173.00 0025 .0000/ .0000 JB \$.00 \$211.00 7635868291/3989G6/DAVIES 0026 7633391499/3489G6/JOHNSON, C .0000/ .0000 JB \$.00 \$425.00 0027 .0000/ .0000 \$ .00 0028 7633391492/4028G6/HINES .TR \$271.00 .0000 0029 7633391495/4005G6/STONER .0000/ JB \$.00 \$169.00 0030 7635868255/3868G6/DWORKIN .0000/ .0000 JB \$.00 \$211.00 7635868385/256G6/VADER .0000/ .0000 JΒ \$.00 \$531.00 0031 7633391498/3678G6/BURNS .0000/ .0000 JΒ \$.00 \$381.00 0032 7635868340/254G6/COOPER .0000/ .0000 JB \$.00 \$379.00 0033 7635868355/4075G6/PAVLIK .0000/ .0000 JB \$.00 \$221.50 0034 \$.00 7633391496/97/3743G6/BARTEL .0000/ .0000 JΒ \$452.82 0035 7635868350/51/3046G6/RONFELDT .0000/ .0000 JB \$.00 \$433.00 0036 .0000/ \$.00 .0000 0037 7635868253/54/CLEVELAND JB. \$414.00 0038 7635868358/4040G6/MAO .0000/ .0000 JB \$.00 \$205.00 0039 7635868300/4068G6/MEIER .0000/ .0000 JB \$.00 \$377.00 0040 7635868308/3758G6/ANDERSEN .0000/ .0000 JB \$.00 \$435.00 0041 7635868309/10/3796G6/CHAEFER .0000/ .0000 JΒ \$.00 \$732.00 \$.00 7635868301/3981G6/MORONG .0000/ .0000 JB \$597.00 0042 7635868302/3987G6/ANDERSON, P .0000/ .0000 JΒ \$.00 \$597.00 0043 7635868306/07/3468G6/ENGELBART .0000/ .0000 JВ \$.00 \$256.00 0044 7635868306/07/3468G6/ENGELBART .0000/ .0000 JB \$.00 \$256.00 0045 7633391409/3924G6/GREENWOOD .0000/ .0000 JB \$.00 \$266.00 0046 .0000/ .0000 .TR \$.00 0047 7633391428/3985G6/STRATTON \$115.50 0048 7633391428/3985G6/STRATTON .0000/ .0000 JΒ \$.00 \$115.50 7635868289/4071G6/WRIGHT .0000/ .0000 JΒ \$.00 \$379.00 0049 .0000/ .0000 JB \$.00 \$169.00 0050 7633391430/3988G6/WESTENBURG

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## NationsBank

USACE OMAHA DISTRICT DARLENE SKINNER 215 N 17TH ST. OMAHA NE 68102-4978 ACCOUNT NUMBER
VISA

Page 16 of 39

OARP:STL SVC;Y DARP:OMA FR: DEP:042899		<del></del>		<del></del>	
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4-26 TWA AIRLINE 01576333914420MAHA NE REF:24717059113581130879698 MCC;3004 PHONE:		04-22		123,00	
.NM:PRIDAL/D TKT:0157833391442 MVAT:	CVAT:	<b>cc:</b>	r. Ca		
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OARP:STL SVC:Y DARP:OMA FR: DEP:042899			3599		
4-26 TWA AIRLINE 01576333914530MAHA NE		04-22		100.00	
REF:24717059113581130879708 MCC:3004 PHONE:		V22		123.00	(
NM:VULCAN/B TKT:0157633391453 MVAT:	CVAT:	CC:	25 <i>3</i>		
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4-26 TWA AIRLINE 01576333914580MAHA NE		04-23		123.00	c
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OART. STE SVO.T DARF.OMA PR: DEP:042/99					
1-26 TWA AIRLINE 01576333914590MAHA NE		04-23		123.00	C
REF:24717059114581140507403 MCC:3004 PHONE:					
NM:THOMASON/P TKT:0157633391459 MVAT:	CVAT:	CC;	3997		
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4-28 UNITED AIR 01676333914680MAHA NE		04-23		377,00	D
REF:24792629114681931185530 MCC:3000 PHONE:					
NM:LINDQUIST/T TKT:0167633391468 MVAT:	CVAT:	CC:	4012		
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4-26 UNITED AIR 0167633391468OMAHA NE		04-23		692.00	D
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NM:BUSS/M TKT:0167633391469 MVAT: OARP:OMA SVC:Y DARP:ORD FR: DEP:042699	CVAT:	CC:	11002		
OARP:ORD SVC:H DARP:AZO FR: DEP:042699			4003		
OARP:AZO SVC:HX DARP:DTW FR: DEP:042699			,		
OARP:DTW SVC:YO DARP:LGA FR: DEP:042699			,		
		A4 95		977 AA	_
4-26 UNITED AIR 01676333914760MAHA NE REF:24792629114681931185563 MCC:3000 PHONE:		04-23	_	377.00	C
NM:KIRSCHBAUM/J TKT:0167633391476 MVAT:	CVAT:	CC:	4033		
OARP:OMA SVC:Y DARP:DEN FR: DEP:042599			.000		
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4-26 UNITED AIR 0167633391477OMAHA NE		. 04-23		271.00	D
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OARP:OMA SVC:Y DARP:ORD FR: DEP:042999	OVAI.	<b></b>	4000		

	T AND AUTHORIZ (Reference vel Authorized	: Joint 7	Travel Regulat	ions)				1. DATE OF REQUEST  22-APR-1999
		I	REQUEST FOR OF	FICIAL TRA	VEL		-	
2.NAME (Last,First,Middle	Initial)	SSN		3.POS	ITI	ON TITLE AND GRA	DE OR RA	TING
THOMASON, PATTI J				INDUS	TRI	AL HYGIENIST		GS12
4.OFFICIAL STATION				5.ORG	5.ORGANIZATIONAL ELEMENT 6.PI			PHONE NO.
INDUSTRIAL HYGIENE SECTION OMAHA, NE				CENWO	-ED	-GI	40	2-221-7690
7.TYPE OF ORDERS		8.SECUP	RITY CLEARANCE	!	9.PURPOSE OF TDY SITE VISIT SAUGET SUPERFUND SITE			
TEMPORARY DUTY	<del></del>	l progr	AND OAN (DAME)					
10a.APPROX NO. DAYS OF TDY (Including travel time)		į	RED O/A (DATE)	CATEG	ORY	SITE VISIT-OPE	RATIONAL	/MNGRIAL
11.ITINERARY		YV	ARIATION AUTHO	RIZED				
LEG: 1 OF 1 AMENDMENT NUMBE FROM: OMAHA / DOUGLAS NE N TO : EAST ST.LOUIS/ST.CLA	ebraska procee				RS_			
12.MODE OF TRANSPORTATION	TP T	RNSPN REC	) - PLANE				<del></del>	
COMMERCIAL	· · · · · · · · · · · · · · · · · · ·		GOVERNMENT	, · · · · · · · · · · · · · · · · · · ·	$\perp$	PRIVATELY	OWNED C	ONVEYANCE (Check one)
RAIL AIR BUS	SHIP	AIR	VEHICLE	SHIP	R.	ATE PER MILE: 0.0	0000	
(Overseas Travel only  X PER DIEM AUTHOR	)				-  -  -  -	j constructive co	ost of co	and per diem limited to common carrier transportation s determined in JTR. Travel ted in JTR.
OTHER RATE OF PER DIEM(Spe	cify)							
14.ESTIMATED COST								15.ADVANCE AUTHORIZED
PER DIEM \$110.00	VEL \$123.00		OTHER \$5	50.00	7	FOTAL \$283.0	00	\$.00
16.REMARKS (Use this spa See Attached For Additional R TRAVEL ADVANCE MUST BE SETTLE	emarks	-						excess baggage, etc.)
17.REQUESTING OFFICIAL /ELECTRONICALLY SIGNED BY/ TAI INDUSTRIAL HYGIENIST	(Title and si MI B DITTMAR 22-APR-1	_			ICAI	OFFICIAL (Ti LLY SIGNED BY/ JO CIVIL ENGINEER	HN W MON	signature) WZINGO 22-APR-1999
			AUTHORIZ	ZATION				
19.ACCOUNTING CITATION				100%				
20.ORDER AUTHORIZING OFFICIAL /ELECTRONICALLY SIGNED BY/ DAI LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR.				OR AUTHENT			ļ	TE ISSUED  22-APR-1999  AVEL ORDER NUMBER

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 22-APR-1999
NAME (Last, First) THOMASON, PATTI J	TRAVEL ORDER NUMBER 903997G6

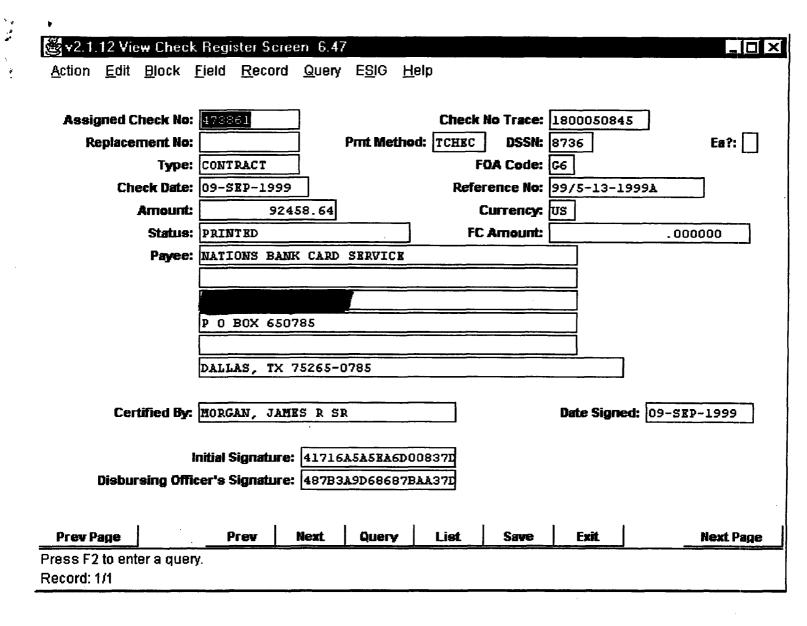
16.REMARKS

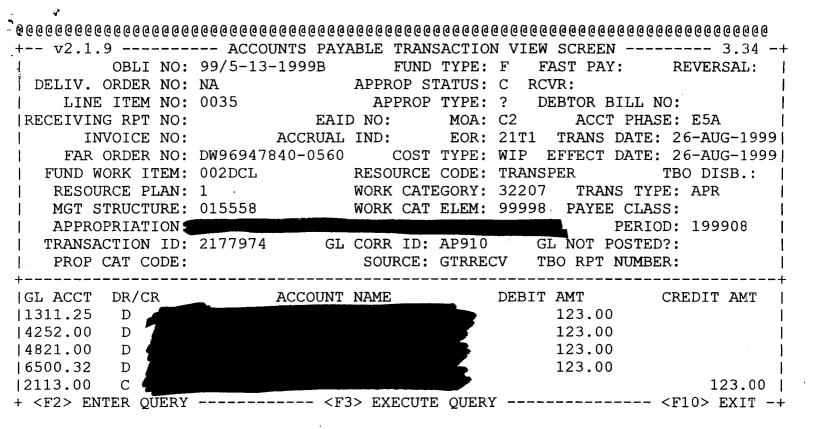
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

•	OR OTHER ADVERSE ACTION. ULIGATION LINE ITEM STATUS	
OBLIGATION NO: 99/5-13-19	99C DELIVERY ORDER: NA	OBLIGATION LI: 0014
	AMEND DATE: 11-AUG-1999	
WORK ITEM: 002DCM	FUND ACCOUNT: G625294	PROGRESS PAY:
FUND CITATION: 96NAX3122	AMSCO: 015558	RESOURCE: TRANSPER
DESCRIPTION: COMMERCIAL	TRANSPORTATION	ALLOT: 2417 EOR: 21T1
	- <pgdn> EXECUTE QUERY</pgdn>	
	SCHD DATE DISB AMOUNT	
19 NATIONSBANK 22399	09-SEP-1999 123.00	146713 473861 TCHEC
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1 <ctrl f1=""> RECEIVING RPT</ctrl>	<pre><ctrl f2=""> INVOICE</ctrl></pre>	· ·
•	<pre><ctrl f5=""> AP TRANSACTION &lt;</ctrl></pre>	•
·	F10 EXIT	•

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Travel Order			_		IIMOTHY P G		
Travel Order D	ate:  08-	APR-1999	1	ype:	IEMPORARY D	UTY	
Obligation Line Items -	Obli Li No	Description	WI Cd	EQR	Approved Amount	Disbursed Amount	Travel Order Balance
903649G6	]1	NON-GTR TRAVE	002DCL	21T2	162.41	162.41	0.00
99/5-13-1999B	0035	7633391413364	002DCL	2171	123.00	123.00	0.00
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	<u> </u>					<u> </u>	
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	TO OR ORDIVE	20			Form i			PAGE		
ORDER FOR SUPPLI	LES OK SERVIC	វេទ			:		04-0187 g 31, 1992	1		
Public reporting burden for this collection reviewing instructions, searching existing of the collection of information. Send comments information, including suggestions for reduc Operations and Reports, 1215 Jefferson Davis and Budget, Paperwork Reduction Project(0704	data sources, reguarding t cing this burd Highway, Su	gathering and mai this burden estima den, to Washington te 1204, Arlingto	ntaining te or any Headquar	the double ters	ata nee r aspec Service	eded, ct of es, D	and comple this colle irectorate	eting and reviewing ection of for Information		
1. CONTRACT/PURCH ORDER NO. 2. DELIVERY CONTRACT/PURCH ORDER NO. 99/5-13-1999B NA		3. DATE OF ORDE 26-AUG-1999	R. 4. REC		ION/PUI XQG9106		equest No.	5.CERTIFIED FOR NATIONAL DEFENSE		
6. ISSUED BY CODE	7.	ADMINISTERED BY		CODE	·			UNDER DMS REG 1		
L								8. DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)		
9. CONTRACTOR VENDOR ID: NB22399 CODE FACILITY CODE 10.DELIVER TO FOB POINT BY										
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785				12. D	ISCOUNT	r teri	MS	[ ] SMALL [ ] SMALL DIS- ADVANTAGED [ ] WOMEN-OWNED		
DALLAS, TX 75265-0785 13. MAIL INVOICES TO See B										
14. SHIP TO CODE	15	. PAYMENT WILL BE	MADE BY		CODE			MARK ALL PACKAGES AND PAPERS WITH		
	İ							CONTRACT OR ORDER NUMBER		
	.						İ			
16. DELIVERY This delivery order is issue to terms and conditions of			y or in a	ccord	ance wi	th ar	nd subject			
PURCHASE Reference your	· · · · · · · · · · · · · · · · · · ·		fur	nish t	the fol	lowir	ng on terms	specified herein.		
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS TH OR IS NOW MODIFIED, SUBJECT TO ALL OF THE								OUSLY HAVE BEEN		
NAME OF CONTRACTOR	SIGNATURE				NAME AN		LLE	DATE SIGNED		
If this box is marked, supplier must sig	n Acceptance	and return the fol	llowing n	umber	of cop	ies:				
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL	- 1				· · ·			T		
18. ITEM 19. SCHEDULE OF SUPPLIES/SERVI	CE 20.	QUANTITY ORDERED/ACCI			DNIT 22	. UNI	T PRICE	23. AMOUNT		
0001 7633391310/3849G6/TAYLOR 0002 7633391319/3702G6/COATS903454G6		.0000/ .0000/		000	JB JB		\$.00 \$.00	\$384.00 \$509.00		
*If quantity accepted by the Government 24. is same as quantity ordered, indicate	UNITED STATES	OF AMERICA	· · · · · ·			2	5. TOTAL	\$17,073.32		
by x. If different, enter actual quantity accepted below quantity BY:							9. Differences			
ordered and encircle.		CONTI	RACTING/O	RDERI	IG OFFI					
26. QUANTITY IN COLUMN 20 HAS BEEN		27. REC RPT NO 000001	28. D.O.		HER NO. PLE **		O. NITIALS			
[ ]INSPECTED [X]RECEIVED [ ]ACCEPTED AND C CONTRACT EXCEP		[ ] PARTIAL				$\perp$				
26-AUG-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVE	RNMENT REP.	(X) FINAL	32. PAID	BY 8736		3	3. AMT VER	IFIED CORRECT FOR \$363.00		
36.I certify this amount is correct and prop		t [] COMPLETE				3	4. CHECK N	UMBER 00473861		
DATE SIGNATURE AND TITLE OF CERTIF	YING OFFICER	[ ] FINAL			35. BILL O			LADING NO.		
37. REC'D AT   38. RECEIVED BY	T	D 40 TOTAL CONT.	41. S/R	ACCOL	INT NUM	BER	42. S/	R VOUCHER NO.		

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	3	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	7633391329/3454G6/QUINN	.0000		JВ	\$.00	\$310.00
0004	7633391332/3473G6/JOHNSON, T	.0000		JВ	\$.00	\$416.00
0005	7633391333/3150G6/SOLBERG, J	.0000		JB	\$.00	\$310.00
0006	7633391353/3912G6/WAGNER, G	.0000	•	JB	\$.00	\$1.73.00
0008	7633391325/3626G6/WIERSMA	.0000		JB	\$.00	\$432.00
0009	7633391345/3890G6/WHITE, D	.0000	•	JВ	\$.00	\$425.00
0010	7633391330/3528G6/HAGEBOCK	.0000		JB	\$.00	\$387.54
0011	7633391331/3533G6/ADDISON, MARK	.0000	.0000	JB	\$.00	\$387.54
	7633391335/3262G6/TIDD	.0000		JB	\$.00	\$299.00
0013	7633391340/41/3732G6/BARTELS, R	.0000	.0000	JB .	\$.00	\$1,049.94
0014	7633391342/3660G6/STIVER	.0000		JB	\$.00	\$357.35
0015	7633391343/2690G6/COLE	.0000	.0000	ЈЉВ	\$.00	\$377.00
0016	7633391356/3467G6/WAGNER, G	.0000	.0000	JB	\$.00	\$215.00
0017	7633391360/254G6/COOPER	.0000	.0000	JВ.	\$.00	\$382.00
0018	7633391328/3608G6/DRUMWIEDE	.0000	.0000	JВ	\$.00	\$563.00
0019	7633391338/39/3729G6/CLEVELAND	.0000	.0000	JB	\$.00	\$869.83
0020	7633391357/3914G6/MCNULTY	.0000	.0000	JВ	\$.00	\$4.01.98
0021	7633391368/3798G6/OBRIEN	.0000	.0000	JB	\$.00	\$329.00
0022	7633391375/3795G6/MICHALAK	.0000	/ .0000	ЈВ	\$.00	\$329.00
0023	7633391403/257G6/WOSCYNA	.0000	.0000	JВ	\$.00	\$271.00
0024	7633391371/3780G6/NELSON	.0000	.0000	лв	\$.00	\$839.00
	7633391379/80/3902G6/CASTELNOVO	.0000	/ .0000	JВ	\$.00	\$538.00
0026	7633391390/3884G6/PODRAZA	.0000	/ .0000	JВ	\$.00	\$839.00
0027	7633391388/3883G6/MLLER	.0000	/ .0000	J₿	\$.00	\$563.00
0028	7633391372/3534G6/POPELKA	.0000	.0000	JВ	\$.00	\$123.00
0029	7633391369/3911G6/PETERSEN, D	.0000	/ .0000	JB	\$.00	\$425.00
0030	7633391370/3808G6/SASSE	.0000	0000.	JB	\$.00	\$377.00
0031	7633391374/3466G6/ENGRLBART	.0000	/ .0000	JВ	\$.00	\$228.00
0032	7633391405/3886G6/BUSS	.0000	/ .0000	JВ	\$.00	\$447.00
	7633391410/3852G6/FREED	.0000	/ .0000	JВ	\$.00	\$502.14
	76333914133649G6/GOUGER	.0000	/ .0000	JВ	\$.00	\$123.00
	7633391432/3875G6/CHEEVER	.0000		JВ	\$.00	\$425.00
	7631639811/3670G6/GROENJES	.0000	/ .0000	JB	\$.00	\$363.00
	7631639817/18/3352G6/TRAVIS	.0000		JВ	\$.00	\$261.00
	7631639825/3697G6/MEIER	.0000		JB	\$.00	\$377.00
	7631639827/3559G6/FISHCER	.0000		JB	\$.00	\$310.00
	7631639844/257G6/WOSCYNA	.0000	•	JB	\$.00	\$310.00
	7631639813/3566G6/WAPLES	.0000		JB	\$.00	\$551.00
	7633391354/3621G6/SHOCKLEY	.0000	•	JB	\$.00	\$294.00

## NationsBank

USACE OMAHA DISTRICT DARLENE SKINNER 215 N 17TH ST. OMAHA NE 68102-4978 VISA ACCOUNT NUMBER

Page 13 of 39

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04-23 NWA AIR 01276333914100MAHA NE REF:24717059112581120906353 MCC:3080 PHONE: NM:FREED/W TKT:0127633391410 MVAT: OARP:OMA SVC:Y DARP:MSP FR: DEP:042799 OARP:MSP SVC:Y DARP:MSP FR: DEP:042799 OARP:PIR SVC:Y DARP:MSP FR: DEP:042799	CVAT:	04-21 CC:	3852	502.14	D
04-23 TWA AIRLINE 01576333914130MAHA NE REF:24717059112581120996214 MCC:3004 PHONE: NM:GOUGER/T TKT:0157633391413 MVAT: OARP:OMA SVC:Y DARP:STL FR: DEP:042799 OARP:STL SVC:Y DARP:OMA FR: DEP:042799	CVAT;	04-21 CC:	3640	123.00	DF
04-23 SOUTHWESTAIR5267631639817OMAHA NE REF:24168679112413886301844 MCC:3066 PHONE:		04-12	Travis 12	129.00	DF
04-23 AMERWESTAIR 4017631639818OMAHA NE REF:24168679112940886057760 MCC:3253 PHONE:		04-12	There 33 5	132.00	DF
04-23 DELTA AIR 0067631639825OMAHA NE REF:24399009112127969949722 MCC:3058 PHONE:		04-12	meier 3199	377.00	DI
04-23 DELTA AIR 0067631639827OMAHA NE REF:24399009112127969949730 MCC;3058 PHONE:		04-12	Fisher on 35°	310.00	DI
04-23 DELTA AIR 00676316398440MAHA NE REF:24399009112127969949797 MCC:3058 PHONE:		04-12	Wascina 351	310.00	Df
04-23 MIDWEST 4537831639826OAK CREEK WI REF:24110209112704319990004 MCC:4511 PHONE: NM:SHOCKLEY/J TKT:4537631639826 MVAT: OARP:OMA SVC:Y DARP:DCA FR: DEP:041999 OARP:OMA SVC:Y DARP:DCA FR: DEP:041999	CVAT:	04-12 CC:	Califord 3621	379.00	DF
04-23 AMERICAN AIR0017633391432OMAHA NE REF:24792829112658931095648 MCC:3001 PHONE: NM:CHEEVER/D TKT:0017633391432 MVAT: OARP:OMA SVC:Y DARP:DFW FR: DEP:042299 OARP:DFW SVC:Y DARP:OMA FR: DEP:042299	CVAT:	04-21 CC:	3875	425.00	Df
04-23 UNITED AIR 01678316398130MAHA NE REF:24792829112681704367994 MCC:3000 PHONE: NM:WAPLES/R TKT:0167631639813 MVAT: OARP:OMA SVC:Y DARP:ORD FR: DEP:041599 OARP:BDL SVC:Y DARP:BDL FR: DEP:041599 OARP:BDL SVC:YX DARP:ORD FR: DEP:041599	CVAT:	04-12 CC:	3566	551,00	DF

		_	(Reference:	: Joint 1	R TDY TRAVEL O Travel Regulat cated in items	tions)				1. DATE OF REQUEST
	<u></u>				REQUEST FOR OF					
į	(Last, First,	Middle Ini	tial)	SSN		į		TION TITLE AND GRADE	OR RATI	ING GS12
GOUGER, TI			<del></del>			—— <u> </u>			I DU	
	onse residen	T OFFICE				į		NIZATIONAL ELEMENT	İ	ONE NO.
OFFUTT, AFI				T. anai				CD-FC-R	402-	-293-2514
7.TYPE OF (    TEMPORARY I				8.5500	RITY CLEARANCE	*	PURPO TECH SU	OSE OF TDY UPPORT		
	: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEEL TO : CHICAGO / DU PAGE, COOK & LAKE 1 MODE OF TRANSPORTATION TP  COMMERCIAL				EED O/A (DATE) 27-APR-1999		CATEGOR	RY SITE VISIT-OPERA	TIONAL/M	DIGRIAL
11.ITINERA	RY			VV Y	ARIATION AUTHO	ORIZED				
FROM: ON	MAHA / DOUGL HICAGO / DU I	AS NEBRASKA PAGE, COOK	A PROCEED ON & LAKE ILLI	INOIS DEF	PART ON 28-APR		AT 190	00 HRS		
12.MODE OF			TP 16	CAN MECH		_		THE THE PART OF TH		
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RAIL		BUS	SHIP	AIR	VEHICLE	SHIP	}	More advantageou		
	DETERMINED I	el only)					ļ	Mileage reimburs constructive cos	ement and t of communication	d per diem limited to mon carrier transportation determined in JTR. Travel
<u>⊢</u> -, և	X PER DIEM ATE OF PER DI		o in accorda	NCE WITH	( JTR					
14.ESTIMATE	D COST								[:	15.ADVANCE AUTHORIZED
PER DIEM	\$224.00	TRAVEL	\$173.00		OTHER \$20	200.00		TOTAL \$597.00		\$.00
16.REMARKS See Attache	(Use the			requirem	ents, leave, a	superio	or or	lst-class accommodat	tions, ex	xcess baggage, etc.)
TRAVEL ADVA	NCE MUST BE	SETTLED WI	THIN 5 DAYS	OF COMP	LETION OF TRA	VEL. PA	AILURE	TO DO SO WILL RESU	LT IN COL	LLECTION ACTION.
/ELECTRONIC	ING OFFICIAL CALLY SIGNED FION ASSISTAN	BY/ MARILY	Title and si ON B MIKULA 24-AUG-1	١_		/ELECT	TRONIC	G OFFICIAL (Tit) ALLY SIGNED BY/ MARK TION ASSISTANT (FLEE	ILYN B N	ignature) MIKULA -AUG-1999
					AUTHORIS	ZATION				
19.ACCOUNTI	NG CITATION			ter e		100%				
/ELECTRONIC	THORIZING OF CALLY SIGNED MANAGEMENT OF J. PERSHING I	BY/ MARILY FFICE	•	and sign	-	OR AUTH		ATION SISTANT (FLEE	<u> </u>	ISSUED 24-AUG-1999 EL ORDER NUMBER

U.S. ARMY CORPS OF ENGINEERS
REQUEST FOR OFFICIAL TRAVEL

NAME (Last, First)
GOUGER, TIMOTHY P

DATE ISSUED
24-AUG-1999

TRAVEL ORDER NUMBER
90364966

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

:	_	(Reference:	Joint T	TDY TRAVEL OF Travel Regulates ated in items	ions)					1. DATE OF REQUEST
	IIAVEI	Authorized		EQUEST FOR OF						00-A2X-1333
2.NAME (Last,First	,Middle Ini	tial)	SSN					TITLE AND GRADE	OR RATI	NG
GOUGER, TIMOTHY P	,,,,,,,,,,,	,			į			ral Engineer		GS12
4.OFFICIAL STATION					5.	ORGAN	IIZAT	TIONAL ELEMENT	6.PH	ONE NO.
RAPID RESPONSE RESIDE OFFUTT, AFB, NE	NT OFFICE				CE	NMO-C	D-F0	C-R	402-	293-2514
7.TYPE OF ORDERS			8.SECUR	ITY CLEARANCE		PURPO		OF TDY		
TEMPORARY DUTY			-							
10a.APPROX NO. DAYS (Including travel			b.PROCE	ED O/A (DATE)						
2			2	7-APR-1999	CA	TEGOR	Y S	SITE VISIT-OPERAT	IONAL/M	NGRIAL
11.ITINERARY			YVA	RIATION AUTHO	RIZED					
LEG: 1 OF 1 AMENDME FROM: OMAHA / DOUG TO : CHICAGO / DU	LAS NEBRASK	A PROCEED ON				T 190	0 HI	RS		
12.MODE OF TRANSPORTA	TION	TP TF	NSPN REQ	- PLANE						
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OTHER RATE OF PER		D IN ACCORDA	NCE WITH	JTR						
14.ESTIMATED COST										15.ADVANCE AUTHORIZED
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\$224.00		\$173.00		\$20	00.00		<u> </u>	\$597.00		\$.00
16.REMARKS (Use See Attached For Addi			requirem	ents, leave,	superio:	ror:	1st-	class accommodat	ions, e	xcess baggage, etc.)
TRAVEL ADVANCE MUST B	E SETTLED W	ITHIN 5 DAYS	OF COMP	LETION OF TRAV	VEL. FA	ILURE	TO	DO SO WILL RESUL	T IN CO	LLECTION ACTION.
17.REQUESTING OFFICIA /ELECTRONICALLY SIGNE SUPERVISORY CIVIL ENG	D BY/ STEVE	Fitle and si T RASMUSSEN 08-APR-1	-			RONICA	ALLY	PFICIAL (Titl SIGNED BY/ JERO TL ENGINEER	ME M WOO	ignature) DDS LA -APR-1999
				AUTHORI	i					
19.ACCOUNTING CITATIO		- <u></u>		-102100141						
					100%					
20.ORDER AUTHORIZING /ELECTRONICALLY SIGNE		• -	and signa	-	OR AUTH				21.DATE	ISSUED 08-APR-1999
FORT CROOK AREA OFFIC USACE	:	P.O. BOX 132 OFFUTT, AFB,						<u> </u>   	22.TRAVI	EL ORDER NUMBER 903649G6

U	J.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 08-APR-1999
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 903649G6

16.REMARKS

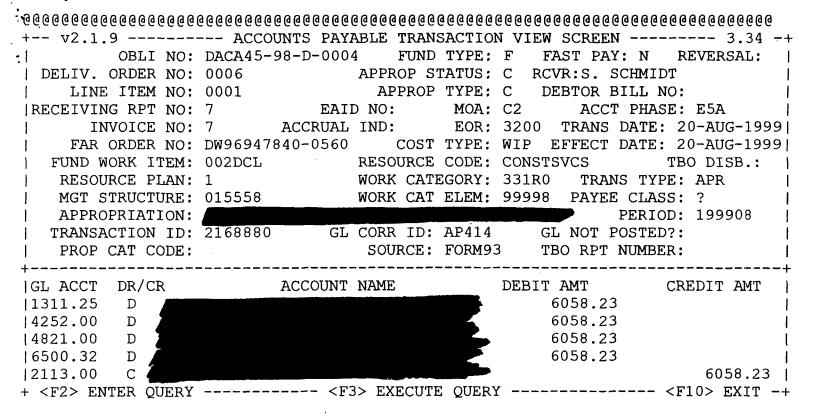
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OPPICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

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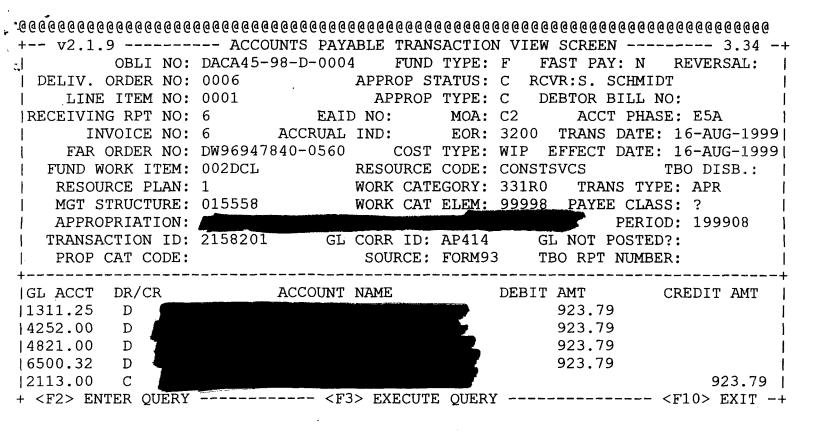


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3	27FBB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	EFT
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	EFT
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	EFT
7	31JUL99-27AUG99 #7	08-0CT-1999	5404.78	149977	425431	EFT
8	28AUG99-010CT99 #8	19-N0V-1999	13642.29	154960	505583	EFT
9	020CT99-290CT99 #9	19-NOV-1999	19218.16	154961	505600	EFT
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Initial Signature: 826DC85C83AA7AEF370													
Disbursing Officer's Signature: 37C45C98													
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2	03APR99-30APR99 #3	22-JUN-1999	12313.77	138986	407723	TCHEC	
3	27FEB99-02APR99 #2	22-JUN-1999	3083.51	138987	407724	TCHEC	
4	01MAY99-28MAY99 #4	28-JUL-1999	4454.84	142561	286345	RFT	
5	29MAY99-02JUL99 #5	20-AUG-1999	923.79	144831	320102	RFT	
6	03JUL99-30JUL99 #6	25-AUG-1999	6058.23	145954	331474	KFT	[
7	31JUL99-27AUG99 #7	08-0CT-1999	5404.78	149977	425431	EFT	
8	28AUG99-010CT99 #8	19-NOV-1999	13642.29	154960	505583	EFT	
9	020CT99-290CT99 #9	19-NOV-1999	19218.16	154961	505600	RFT	
10	300CT99-26NOV99 #10	24-JAN-2000	11567.42	160381	612499	KFT	_
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VOUCHER FOR TRANSFERS CIC #: 99EPA SUPERFUND PAGE NO. 001 BETWEEN APPROPRIATIONS AND/OR FUNDS BILLED DATE 01-SEP-1999 ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. D.O. VOUCHER NO'. 28015866 PARTIAL # 11 02-AUG-1999 THRU 01-SEP-1999 BILLING OFFICE (SEND REMITTANCE TO): BILLED OFFICE (MAIL TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER MS 002 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION 68 20 X 8145.0000 NΑ \$8,160.01 \$8,160.01 LINE ITEM DESCRIPTION 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR SUBTOTAL PARTIAL AMOUNT PAID \$8,160.01

CERTIFICATE OF OFFICE BILLED

PAYMENT DUE DATE 01-OCT-1999

PAY THIS AMOUNT

\$.00

FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$79,122.64 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$70,962.63 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$8,160.01 TOTAL FLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080 cuortl.2.1.14 480

TRANSACTION LISTING OMAHA DISTRICT

Page: 1 Date: 20-DEC-2001 CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 08-1999

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CONTRACT - OUTSIDE GOVERNMENT

Transaction Date	PR&C	Obligation	Del Order No	Emp ID .	Line Item	Resource Code	Accrual Ind	Total
16-AUG-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$923.79
20-AUG-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS		\$6,058.23
26-AUG-1999	W59XQG90981001	99/5-13-1999B	NA		0035	TRANSPER		\$123.00
26-AUG-1999	W59XQG91122481	99/5-13-1999C	NA		0014	TRANSPER		\$123.00
26-AUG-1999	W59XQG91122480	99/5-13-1999C	NA		0013	TRANSPER		\$123.00

SUBTOTAL COST: \$7,351.02

INHOUSE - LABOR

Transaction Date Charge Code Work Date No of Hours Type Emp ID Labor \$ G&A S Indirect \$ Total 26-AUG-1999 30-AUG-1999 L35672 \$808.99 SUBTOTAL CO \$507.21 \$124.26 \$177.52 \$808.99 TOTAL COST: \$8,160.01

CIC #: 99EPA SUPERFUND VOUCHER FOR TRANSFERS PAGE NO. 001 BILLED DATE 02-AUG-1999 BETWEEN APPROPRIATIONS AND/OR FUNDS CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 D.O. VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. 28015050 PARTIAL # 10 01-JUL-1999 THRU 02-AUG-1999 BILLING OFFICE (SEND REMITTANCE TO): BILLED OFFICE (MAIL TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER USAED OMAHA G6 ENVIRONMENTAL PROTECTION AGENCY

NA

\$.00

C O USACE FINANCE CENTER MILLINGTON TN 38054-5005

5722 INTEGRITY DRIVE

\$8,395.54

BILLED ACCOUNTING CLASSIFICATION

26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002

ACCOUNTING OPERATIONS OFFICE

68 20 X 8145.0000

MOA

000001 CONTRACT - OUTSIDE GOVERNMENT

CONTRACT - OUTSIDE GOVERNMENT 000001 000001 INHOUSE - LABOR

000001 INHOUSE - LABOR 000001 INHOUSE - LABOR

MS 002

ATTN

LINE ITEM

000001 INHOUSE - LABOR

BILLING ACCOUNTING CLASSIFICATION

DESCRIPTION SUBTOTAL

PARTIAL AMOUNT PAID

PAY THIS AMOUNT

ACCOUNTS OF

\$8,395.54 \$.00

\$8,395.54

PAYMENT DUE DATE 01-SEP-1999

CERTIFICATE OF OFFICE BILLED

FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$70,962.63 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. PREVIOUS BILLED AMOUNT: \$62,567.09 CURRENT BILLED AMOUNT: \$8,395.54 TOTAL FLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080

CURRENT FLUX BILLED:

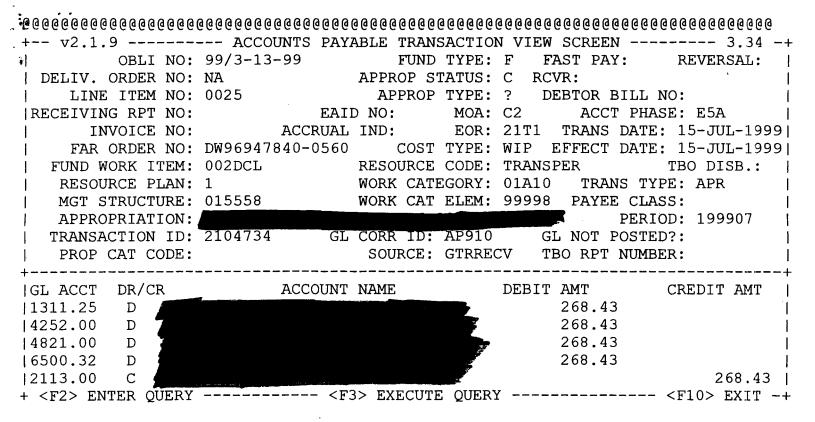
CUSTOMER ORDER:

DW96947840-0560

ACCOUNTING PERIOD: 07-1999

Page: 1 Date: 20-DEC-2001 TRANSACTION LISTING OMAHA DISTRICT

Transaction Date	PR&C	Obligation	Del Order No	Pmn ID	Line Item	Resource Code	Accessal	Ind	Total
L5-JUL-1999	W59XQG90475641	99/3-13-99	NA	Dinp 1D	0025	TRANSPER	ACCIUAL	THO .	\$268.4
15-JUL-1999	W59XQG90435549	99/3-13-99	NA		0022	TRANSPER			\$268.4
6-JUL-1999	W59XQG90435549	99/3-13-99	NA		0022	TRANSPER			\$268.4
6-JUL-1999	W59XQG90475641	99/3-13-99	NA		0025	TRANSPER			\$268.4
6-JUL-1999	W59XQG90475641	99/3-13-99	NA		0025	TRANSPER			\$ -268.4
.6-JUL-1999	W59XQG90435549	99/3-13-99	NA		0022	TRANSPER			\$ -268.4
27-JUL-1999	W59XQG90122578	DACA45-98-D-0004	0006		0001	CONSTSVCS			\$4,454.8
				SUBTOTAL	COST:				\$4,991.7
INHOUSE - LABOR		•							
Transaction Date	Charge Code	Work Date	Emp ID No	of Hours	Туре	Labor \$	G&A \$	Indirect \$	Total
2-JUL-1999	L21275	02-JUL-1999	2		-77	Dancer V		Indifect p	\$595.7
L2-JUL-1999	L21275	07-JUL-1999							\$448.3
9-JUL-1999	L21275	13-JUL-1999							\$634.0
9-JUL-1999	L21275	12-JUL-1999							\$298.8
9-JUL-1999	L35672	06-JUL-1999							\$248.9
30-JUL-1999	L21275	29-JUL-1999	_						\$281.8
30-JUL-1999	L21275	26-JUL-1999							\$149.4
10-JUL-1999	L35672	28-JUL-1999							\$746.7
				SUBTOTAL	co , s	51,881.77	\$461.05	\$1,061.02	\$3,403.8
								TOTAL COST:	\$8,395.5
		*********	*****			TOTAL COST:		58,395.54	



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bligation Line Items <b>Obligation</b>	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Ordel Balance
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20. QUANTITY 18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE 21. 22. UNIT PRICE 23. AMOUNT ORDERED/ACCEPTED\* UNIT 7617565575/2356G6/MAILN .0000/ \$.00 0003 .0000 \$.00 .0000/ 0004 761565576/2248G6/KRUSE .0000 JΒ \$.00 \$.00 0005 7617565587/2382G6/DUNKER .0000/ .0000 JB \$.00 \$.00 7617565589/2357G6/BECKER, D .0000/ .0000 JB \$.00 0006 \$.00 .0000/ .0000 JB 0007 7617565591/2309G6/STUBBE \$.00 \$.00 .0000/ .0000 JB 8000 7617565596/2355G6/QUANG \$.00 \$.00 0009 7617565597/2354G6/WICHMAN .0000/ .0000 JB \$.00 \$.00 0010 7617565600/2363G6/FOX .0000/ .0000 JB \$.00 \$.00 7617565601/2362G6/HENLEY .0000/ .0000 JΒ \$.00 \$.00 0011 7617565602/2262G6/KEYS .0000/ .0000 JB \$.00 \$.00 0012 7617565602/2262G6/KEYS .0000/ .0000 JΒ \$.00 \$.00 0013 .0000/ .0000 JB \$.00 \$.00 0014 7617565602/2262G6/KEYS 7617565603/2288G6/KOBLER .0000/ .0000 JΒ \$.00 \$.00 0015 .0000/ .0000 0016 7617565605/2258G6/MAVIS JB \$.00 \$.00 .0000 . 0000 0017 7617565609/2183G6/JORDAN JB \$.00 \$.00 0018 7617565614/2102G6/BAKDER .0000/ .0000 JΒ \$.00 \$.00 0019 7617565615/2063G6/BETTS .0000/ .0000 JB \$.00 \$.00 0020 7617565616/2056G6/TROST .0000/ .0000 JΒ \$.00 \$.00 0021 7617565617/2393G6/ONEILL .0000/ .0000 JΒ \$.00 \$.00 JΒ \$.00 7617565618/2385G6/GOUGER .0000/ .0000 \$.00 0022 7617565620/256G6/VADER .0000/ .0000 JΒ \$.00 \$.00 0023 7617565642/2401G6/MICHALAK .0000/ .0000 JВ \$.00 0024 \$.00 7617565650/2389G6/THOMASON 0025 .0000/ .0000 JB \$.00 \$.00 7617565651/2366G6/ARMSTRONG .0000/ .0000 JB \$.00 0026 \$.00 7617565651/2366G6/ARMSTRONG 0027 .0000/ .0000 JB \$.00 \$.00 .0000/ .0000 JB 0028 7617565652/2384G6/SANIUK \$.00 \$.00 0029 7617565652/2384G6/SANIUK .0000/ .0000 JB \$.00 \$.00 0030 7617565660/2024G6/GEIBEL .0000/ .0000 JB \$.00 \$.00 0031 7617565662/2025G6/SCHWAFEL .0000/ .0000 JΒ \$.00 \$.00 0032 7617565677/2454G6/SPENCE .0000/ .0000 JΒ \$.00 \$.00 7617565678/2453G6/LEAHY .0000/ .0000 JΒ \$.00 \$.00 0033 76175656579/2452G6/WAGNER .0000/ .0000 JB \$.00 0034 \$.00 .0000/ .0000 \$.00 0035 7617565680/2450G6/HARTLEY JB \$.00 0036 76175656585/2405G6/VANCLEEF .0000/ . 0000 JB \$.00 \$.00 .0000/ 0037 7617565687/2406G6/ZEBROWSKI .0000 JB \$.00 \$.00 0038 7617565688/2421G6/TIMP .0000/ .0000 JB \$.00 \$.00 0039 7617565688/2421G6/TIMP .0000/ .0000 JB \$.00 \$.00 7617565690/2400G6/YOUNG .0000/ .0000 JB \$.00 \$.00 0040 .0000/ .0000 0041 7617565691/2402G6/HARRIS JB \$.00 \$.00 7617565692/2447G6/BRASCH .0000/ .0000 JΒ \$.00 \$.00 0042 .0000/ JВ 7604389972/1429G6/HINES .0000 \$.00 \$.00 0043

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16. DELIVERY	This delivery to terms and o	conditions of				·						specified herein.
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	85560/2303G6/GEOF 65574/2356G6/MALI			.000			000	JB JB		<u> </u>	\$.00 \$.00	\$774.51 \$345.72
is same as qu	ccepted by the Go antity ordered, i	indicate	UNITED STATES	OF AMERICA						25. 1	OTAL	\$14,600.16
	ferent, enter act pted below quanti ncircle.				CONTR	ACTING/O	RDERI	NG OF	'FICER	29.  DIFFE	RENCES	
26. QUANTITY I	N COLUMN 20 HAS E	BEEN		27. REC RP	r no	28. D.O.				30.		
[ ]INSPECTED	[X] RECEIVED []A	ACCEPTED AND C		000002 E     PART	TAT.		MULTI	hrr .	•	INITI	ALS	
16-JUL-1999 DATE	/s/ DARLENE E SK SIGNATURE OF AU	CINNER		[X] FINAL	_	32. PAID	BY 8736			33. A	MT VERI	FIED CORRECT FOR \$268.43
	his amount is cor		<del></del>	t [] COMI	PLETE	0.6	S., ATTC	. 00		3 <b>4</b> . C	HECK NU	MBER 0444907
DATE	SIGNATURE AND TI	TLE OF CERTIE	YING OFFICER	[ ] PART		Us	S-AUG	- 77		35. B	ILL OF	LADING NO.
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER		<del></del>	D 40 TOTAL CO	ONT.	41. S/R	ACCO	UNT N	UMBER		42. S/R	VOUCHER NO.

22. UNIT PRICE SCHEDULE OF SUPPLIES/SERVICE 20. QUANTITY 23. AMOUNT 18. ITEM 19. 21. ORDERED/ACCEPTED\* INIT \$.00 7617565575/2356G6/MAILN .0000/ .0000 \$77.29 0003 JΒ 761565576/2248G6/KRUSE .0000/ .0000 \$774.51 0004 JΒ \$.00 \$775.60 0005 7617565587/2382G6/DUNKER .0000/ .0000 JΒ \$.00 7617565589/2357G6/BECKER, D .0000/ .0000 JВ \$.00 \$228.92 0006 7617565591/2309G6/STUBBE .0000/ .0000 \$373.40 JB \$.00 0007 .0000/ .0000 7617565596/2355G6/QUANG \$.00 \$702.70 0008 JB .0000/ \$702.70 0009 7617565597/2354G6/WICHMAN .0000 JB \$.00 0010 7617565600/2363G6/FOX .0000/ .0000 JΒ \$.00 \$726.17 7617565601/2362G6/HENLEY .0000/ .0000 JΒ \$.00 \$726.17 0011 0012 7617565602/2262G6/KEYS .0000/ .0000 JB \$.00 \$149.36 7617565602/2262G6/KEYS .0000/ .0000 \$112.02 0013 JΒ \$.00 7617565602/2262G6/KEYS .0000/ .0000 \$112.02 0014 JΒ \$.00 7617565603/2288G6/KOBLER .0000/ .0000 JΒ \$.00 \$420.94 0015 0016 7617565605/2258G6/MAVIS .0000/ .0000 JΒ \$.00 \$420.94 7617565609/2183G6/JORDAN .0000/ .0000 \$.00 \$420.94 0017 JΒ 7617565614/2102G6/BAKDER .0000/ .0000 \$.00 \$314.08 0018 JΒ 7617565615/2063G6/BETTS .0000/ .0000 0019 JR. \$.00 \$377.38 0020 7617565616/2056G6/TROST .0000/ .0000 JΒ \$.00 \$209.11 0021 7617565617/2393G6/ONEILL .0000/ .0000 JΒ \$.00 \$378.40 7617565618/2385G6/GOUGER .0000/ .0000 \$.00 \$268.43 0022 JΒ 0023 7617565620/256G6/VADER .0000/ .0000 JΒ \$.00 \$288.34 7617565642/2401G6/MICHALAK .0000/ .0000 JΒ \$.00 \$325.87 0024 7617565650/2389G6/THOMASON .0000/ .0000 \$.00 \$268.43 0025 JΒ 7617565651/2366G6/ARMSTRONG 0026 .0000/ .0000 JΒ \$.00 \$186.70 7617565651/2366G6/ARMSTRONG .0000/ .0000 \$186.70 0027 JΒ \$.00 7617565652/2384G6/SANIUK .0000/ .0000 0028 JB \$.00 \$186.70 .0000/ .0000 0029 7617565652/2384G6/SANIUK JΒ \$.00 \$186.70 0030 7617565660/2024G6/GEIBEL .0000/ .0000 JB \$.00 \$373.40 0031 7617565662/2025G6/SCHWAFEL .0000/ .0000 JΒ \$.00 \$373.40 0032 7617565677/2454G6/SPENCE .0000/ .0000 JΒ \$.00 \$133.85 7617565678/2453G6/LEAHY \$133.85 0033 .0000/ .0000 JΒ \$.00 76175656579/2452G6/WAGNER .0000/ .0000 \$167.52 0034 JB \$.00 7617565680/2450G6/HARTLEY .0000/ .0000 \$167.52 0035 JΒ \$.00 0036 76175656585/2405G6/VANCLEEF .0000/ .0000 JB \$.00 \$268.43 7617565687/2406G6/ZEBROWSKI .0000/ .0000 \$268.43 0037 JB \$.00 0038 7617565688/2421G6/TIMP .0000/ .0000 JΒ \$.00 \$334.30 0039 7617565688/2421G6/TIMP .0000/ .0000 JΒ \$.00 \$334.30 0040 7617565690/2400G6/YOUNG .0000/ .0000 JΒ \$.00 \$167.52 7617565691/2402G6/HARRIS .0000/ .0000 \$.00 \$167.52 0041 JB 0042 7617565692/2447G6/BRASCH .0000/ .0000 JΒ \$.00 \$420.94 0043 7604389972/1429G6/HINES .0000/ .0000 JВ \$.00 \$268.43

## **NationsBank**

USACE OMAHA DISTRICT DARLENE SKINNER 215 N 17TH ST. OMAHA NE 68102-4978 VISA ACCOUNT NUMBER

Page 4 of 35

02-18	LR	NITED AIR 016	78175656020	MAHA NE			02-16	<del></del>	077.00
		0486819311630					02-16	,	377.00
NM:	EYS/V	Tk	T:016761756	3602 MVAT:	CVAT:	CC:			
OAR	OMA S	VC:Y DARP:DE		DEP:022299					
OAR	OMA S	VC:Y DARP:OF	MA FR:	DEP:022299					
				3	•				
2-18	Ur	NITED AIR 016	7617565618C	MAHA NE			02-16		271.00
REF:	247926290	0486819311630	41 MCC:300	D PHONE:				•	_,
	OUGER/1			565618 MVAT:	CVAT:	CC:			
OAR	OMA S	VC:Y DARP:OF							
		VC:Y DARP:ON		DEP:021799					
,									
2-18	U	NITED AIR 016	7617585650C	MAHA NE			02-16	:	271.00
REF:	247926290	1486819311631	16 MCC:300	PHONE:					
NM:T	HOMASO	NIP	TKT:01676	17565650 MVAT:	CVAT:	CC	<b>:</b>		
OARI	OMA S	VC:Y DARP:OF	RD FR:	DEP:021799					
OAR	P:OMA S	VC:Y DARP:OI	MA FR:	DEP:021799					
a.10	<b>s</b> n		817E68.~~^*	146116			00.10	_	700 - 1
2-18 pcc.		NA AIR 0127 0485804811247					02-16	7	7 <b>33</b> .11
	OX/R		T:012761756		CVAT:	CC:			
		C:B DARP:MS		DEP:022199					
		C:B DARP:GF		DEP:022199					
		C:BX DARP:M		DEP:022199					
OAR	P:RAP SI	/C:B DARP:RA	P FR:	DEP:022199					
2-18	M	NA AIR 0127	617565601 <i>O</i> l	WAHA NE			02-16	;	733.11
_		0485804811247							
	ENLEY/S			65601 MVAT:	CVAT:	CC:			
		/C:B DARP:MS		DEP:022199	Othi.	<b>00</b> .			
		/C:B DARP:GF		DEP:022199					
		/C:BX DARP:M: /C:B DARP:RA		DEP:022199 DEP:022199					
2-18		MA AIR 0127					02-16	:	291.00
		0485804811247			ON/AT:				
	ADERVD			65620 MVAT:	CVAT:	CC:			
		VC:H DARP:M		DEP:021799					
		VC:H DARP:RA		DEP:021799					
		VC:HX DARP:M		DEP:021799					
OAR	P:OMA S	VC:H DARP:OI	WA FPL	DEP:021799					
2-18	Di	ELTA AIR 006	76175656110	MAHA NE			02-16	:	317.00
-		0483605244961							
	INTRONA			7565611 MVAT:	CVAT:	CC:			
		W WC:Y DARP:C1			OM.	<b>℃</b> .			
				DEP:022199					
		VC:Y DARP:RI		DEP:022199					
CACI	POMA S	VC:YX DARP:C	YU PH	DEP:022199					

		_	ND AUTHORIZ (Reference	: Joint	Travel	Regulat	ions)			3L		1. DATE OF REQUEST
ļ		Travel	Authorized									19-JUL-1999
	<u></u>			···	REQUES	FOR OF	<del></del>					
2.NAME	(Last, First, M	iddle Ini	tial)	SSN			3	.POSIT	ľIC	ON TITLE AND GRADE	OR RAT	TING
THOMASON,	PATTI J						I	NDUSTR	ξI.	AL HYGIENIST		GS12
4.OFFICIAL	STATION HYGIENE SECT	TON					5	.ORGAN	ΙΙZ	ZATIONAL ELEMENT	6.1	PHONE NO.
OMAHA, NE							c	enwo-e	ZD-	-GI	402	-221-7690
7.TYPE OF				8.SECU	RITY C	LEARANCE	A'	TTEND	ME	OF TDY SETING WITH EPA RE JGET SF SITE PLANS		
TEMPORARY				- Prog		'a (Dame)		C033 B	'AU	GET ST SITE FLANS	FOR RI	/FS AND EB/CA.
	NO. DAYS OF the ding travel to the second travel to the second travel to the second travel to the second travel to the second travel travel to the second travel tr			į	17-FEB	A (DATE) -1999	į	ATEGOR	ŧΨ	INFORMATION MEET	ING	
11.ITINERA	RY			- Iylv	ARIATI	ON AUTHO	RIZED					
FROM: O	1 AMENDMENT MAHA / DOUGLA: HICAGO / COOK	S NEBRASKA ILLINOIS	A PROCEED OF DEPART ON	17-FEB-1	999 AT	2200 HR						
12.MODE OF	TRANSPORTATIO		TP ~ - T	RNSPN RE				<u></u>				
<u></u>	COMMERCIAL	<u> </u>		<u> </u>		VERNMENT	т			PRIVATELY OF	NNED CO	NVEYANCE (Check one)
RAIL	AIR BU	US	SHIP 	AIR	AE	HICLE	SHIP	-	RA	TE PER MILE: 0.00	00	
	DETERMINED BY		ATE TRANSPO	ORTATION	OFFIC	ER			_	constructive cost	ement as	nd per diem limited to mmon carrier transportation determined in JTR. Travel
13.	X PER DIEM A ATE OF PER DIE		O IN ACCORDA	ANCE WITH	H JTR							
14.ESTIMAT	ED COST				~			······································				15.ADVANCE AUTHORIZED
PER DIEM		TRAVEL	<del> </del>		OTHER	<del></del>			T	OTAL	<u> </u>	
	\$46.00		\$268.43	3	<u> </u>	\$4	40.00		Ĺ	\$354.43		\$.00
	ed For Additio	onal Remar	rks									excess baggage, etc.)
TRAVEL ADV	ANCE MUST BE S	ETTLED WI	THIN 5 DAYS	OF COME	PLETION	N OF TRAV	VEL. FA	AILURE	T(	O DO SO WILL RESUI	T IN CO	OLLECTION ACTION.
/ELECTRONI	ING OFFICIAL CALLY SIGNED F TION ASSISTANT	BY/ DARLEN	Fitle and si SEE SKINNE 19-JUL-1	ZŘ	)		/ELECT	RONIC	AЫ	OFFICIAL (Tit] LY SIGNED BY/ DARI N ASSISTANT	ENE E	signature) SKINNER 9-JUL-1999
						AUTHORI2	ZATION					
19.ACCOUNT	ING CITATION					7	100%					
/ELECTRONIC LOGISTICS	UTHORIZING OFF CALLY SIGNED F MANAGEMENT OFF J. PERSHING DR	BY/ DARLEN PICE		and sign	nature)		OR AUTH					ISSUED 19-JUL-1999 VEL ORDER NUMBER
1			MAHA, NE681	12						į		902389G6

	Y CORPS OF ENGINEERS T FOR OFFICIAL TRAVEL	DATE ISSUED 19-JUL-1999
NAME (Last, First) THOMASON, PATTI J		TRAVEL ORDER NUMBER 902389G6

USE OF TAXIS IN THE AREA OF THE TDY LOCATION MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND

APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.

RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OPPICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'

LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS

OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

(Reference: Joint Travel Regulations)													1. DATE OF REQUEST
	<b></b>	<del></del>			REQUE	EST FOR OF	FICIA	L TRAV	EL				
2.NAME	(Last, First, Mi	ddle Ini	tial)	SSN				3.POSI	TIO	ON TITLE AND GRADE	OR RA	TING	G
THOMASON,	PATTI J							INDUST	RIA	L HYGIENIST			GS12
4.OFFICIAL	STATION HYGIENE SECTI	roni						5.ORGAN	NIZ	ATIONAL ELEMENT	6.	PHON	NE NO.
OMAHA, NE	HIGIENE SECT	.Om				-		CENWO-I	ED-	GI	40	12-22	21-7690
7.TYPE OF TEMPORARY				8.SECUI	RITY	CLEARANCE	į.	ATTEND	ME	OF TDY ETING WITH EPA RE			
	NO. DAYS OF T	TDY		b. PROC	EED C	O/A (DATE)	<del></del> i					•	
(Inclu	ding travel ti 1	.me)		į		EB-1999	į	CATEGOI	RY	INFORMATION MEET	ING		
11.ITINERA	RY			YV	ARIAT	rion author	RIZED	)				_	
LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 620 HRS TO : CHICAGO / COOK ILLINOIS DEPART ON 17-FEB-1999 AT 2200 HRS													
12.MODE OF TRANSPORTATION TP - TRNSPN REQ - PLANE													
	COMMERCIAL	,			G	GOVERNMENT				PRIVATELY O	WNED C	ONVE	EYANCE (Check one)
RAIL	AIR BU	is i	SHIP	AIR	v	AEHICLE	SHIP		RA'	TE PER MILE: 0.00	00		
ļ Li	DETERMINED BY		ATE TRANSPO	RTATION	OFFI	CER	<b></b>			constructive cost	ement a t of co	and ommo	per diem limited to on carrier transportation etermined in JTR. Travel
13.	PER DIEM A		D IN ACCORDA	NCE WITH	i JTR	,							
14.ESTIMAT	ED COST											  - 	ADVANCE AUTHORIZED
PER DIEM	\$46.00	TRAVEL	\$271.00	•	отне		40.00		T	OTAL \$357.00		İ	\$.00
	ed For Addition	onal Remar	rks	-						t-class accommodat			ess baggage, etc.)
	ING OFFICIAL		Fitle and si			ON OF IRE	!						mature)
/ELECTRONI	CALLY SIGNED BY	Y/ CHERYL		2R			/ELEC	CTRONIC	ALI	LY SIGNED BY/ JOHN IVIL ENGINEER	MOM W I	NZIN	
						AUTHOR12	ZATION	N					
19.ACCOUNT	ING CITATION						100%	t .					
/ELECTRONIC LOGISTICS	UTHORIZING OFF: CALLY SIGNED BY MANAGEMENT OFF: J. PERSHING DR	Y/ MARILY		and sign	ature			THENTIC FION AS		STANT (FLEE	21.DAT	16	SSUED -FEB-1999 ORDER NUMBER
		c	MAHA, NE681	.12						j	ĺ	9	02389G6

1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CORPS OF ENGINEERS FOR OFFICIAL TRAVEL	DATE I	SSUED 12-FEB-1999
NAME (Last, First)		TRAVEL	ORDER NUMBER

USE OF TAXIS IN THE AREA OF THE TDY LOCATION MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND

APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.

RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'

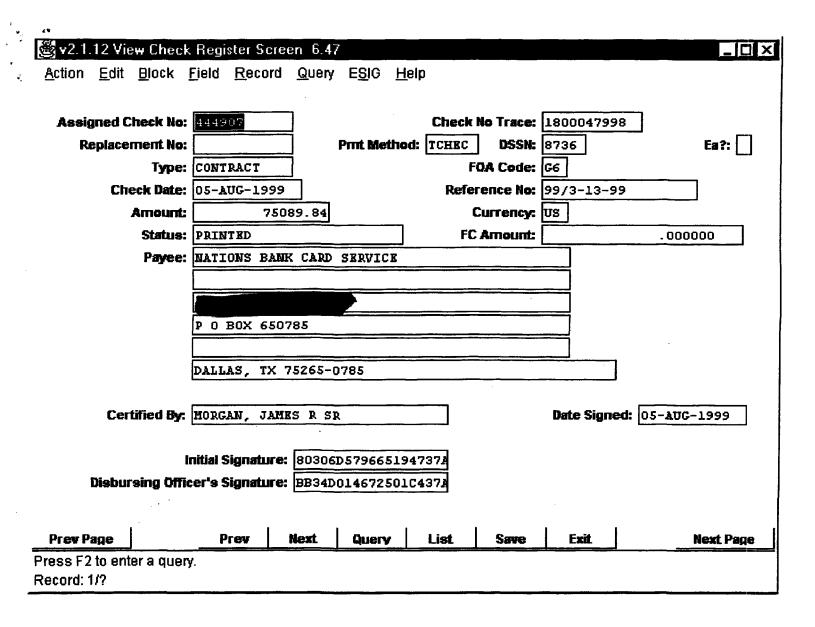
LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS

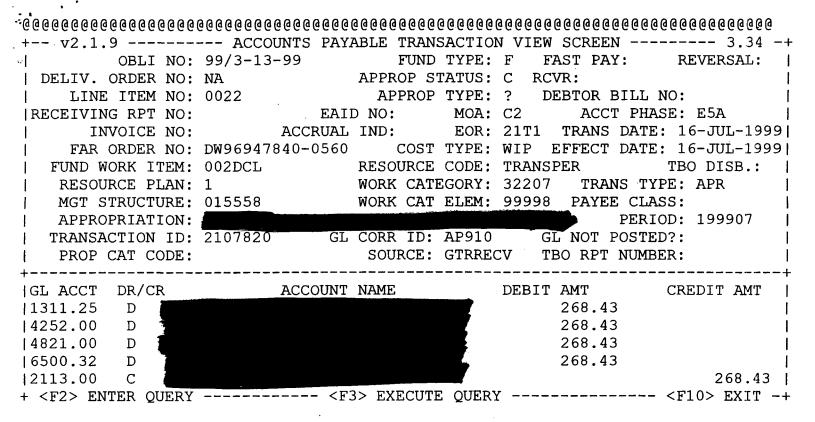
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

ADMINISTRATIVE, CRIMINAL + v2.1.43 OBI	OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM LIGATION LINE ITEM STATUS STAT.2 -+
` ∪ OBLIGATION NO: 99/3-13-99	DELIVERY ORDER: NA OBLIGATION LI: 0025
	AMEND DATE: 09-JUL-1999 FREIGHT: FAST PAY:
WORK ITEM: 002DCM	FUND ACCOUNT: G625294 PROGRESS PAY:
FUND CITATION: 96NAX3122	AMSCO: 015558 RESOURCE: TRANSPER
	TRANSPORTATION ALLOT: 2417 EOR: 21T1
	- <pgdn> EXECUTE QUERY+</pgdn>
	SCHD DATE DISB AMOUNT DOV NO CHECK NO PAYM
	05-AUG-1999 268.43 143037 444907 TCHEC
1	200.43 14303/ 44430/ 1CHEC
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<ctrl f1=""> RECEIVING RPT</ctrl>	<pre><ctrl f2=""> INVOICE</ctrl></pre>
<pre> <ctrl f4=""> RECEIPT VOUCHER</ctrl></pre>	<pre><ctrl f5=""> AP TRANSACTION <ctrl f6=""> CHECK REGISTER  </ctrl></ctrl></pre>
•	F10 EXIT+

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tion <u>E</u> dit <u>B</u> lock	<u>F</u> ield <u>R</u> ed	cord <u>Q</u> uery	ESI	G <u>H</u> elp				
Travel Orde				-	- F	TIMOTHY P G		
Travel Order	Date:  12-1	7KB-1999		1	ype:	TEMPORARY D	UTY	
bligation Line Items <b>Obligation</b>	Obli Li No	Descriptio	en e	WI Cd	EOR	Approved Amount	Disbursed Amount	Tr <b>ave!</b> Order Balance
90238506	1	NON-GTR T	RAVE	002DCL	2172	53.25	53.25	0.00
99/3-13-99	0022	761756561	8/23	002DCL	2171	268.43	268.43	0.00
	_							
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s <f2> or <f3> to q</f3></f2>			<u> </u>					

		ORI	DER FOR SUPPL	IES OR SERVIC	3S			ОМ		oved 1704-0187 Jug 31, 199		PAGE 1
rev he inf ope	iewing inst collection ormation, : rations and	ing burden for the ructions, search of information. including suggesti Reports, 1215 Je sperwork Reduction	ing existing of Send comments ions for reduce for Davis	data sources, s reguarding t cing this burd s Highway, Sui	gathering and this burden es den, to Washin ite 1204, Arli	maint timate gton H ngton,	aining the or any colleadquarte	hour p he data other a	er resp needed spect o	onse, incl d, and comp of this col Directorat	ludi plet llec	ng the time for ing and reviewing tion of or Information
ι.	CONTRACT/P	JRCH ORDER NO.	2. DELIVERY (		3. DATE OF 15-JUL-				/PURCH 9042541		D. 5	CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
5.	ISSUED BY		CODE	7.	ADMINISTERED	BY	, co	DE			1	
											8	DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)
). ·	CONTRACTOR	VENDOR ID: NB2239	99 CODE	PI	CILITY CODE		10	.DELIV	er to f	OB POINT B	3 <b>Y</b>   1	.1.MARK IF BUS. IS
4	ATIONS BANI 48616000000 O BOX 650						12	. DISC	OUNT TE	RMS	1	[ ] SMALL DIS- ADVANT:AGED [ ] WOMEN-OWNED
D	ALLAS, TX	75265-0785					13	. MAIL	INVOIC	ES TO See	B1	ock 15
4.	SHIP TO		CODE	15	. PAYMENT WIL	L BE M	ADE BY	C	DDE		M	ARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
6.	DELIVERY	This delivery to terms and c					or in acc	ordance	with	and subjec	i_	
	PURCHASE	Reference your					furni	sh the	follow	ing on ter	ms	specified herein.
		THE CONTRACT HERE DIFIED, SUBJECT T									VIO	usly have been
	If this bo	OF CONTRACTOR x is marked, supp		<u>-</u>	and return th	e follo			AND T			DATE SIGNED
.7.	ACCOUNTING	AND APPROPRIATIO	N DATA/LOCAL	USE					<del></del>			
8.	ITEM 19.	SCHEDULE OF S	SUPPLIES/SERVI	CE 20.	QUA ORDERED	NTITY /ACCEPT	TED*	21. UNI	ŗ	NIT PRICE	ļ	23. AMOUNT
000		85560/2303G6/GEOF 65574/2356G6/MALI			.0000		.000	!		\$.0 \$.0		\$774.51 \$345.72
		ccepted by the Go antity ordered, i		UNITED STATES	OF AMERICA					25. TOTAL		\$14,600.16
da:	x. If dif	ferent, enter act pted below quanti	ual			CONTRAC	CTING/ORD	ERING (	FFICER	29. DIFFERENC	es	
	_	N COLUMN 20 HAS B		WINDS TO THE	27. REC RPT 000002	NO 28	8. D.O. V	OUCHER LTIPLE		30. INITIALS		
	Inspected 6-Jul-1999		CCEPTED AND CONTRACT EXCER		[] PARTI		2. PAID B	Y 736		33. AMT V	ERI	FIED CORRECT FOR
	DATE	SIGNATURE OF AU	THORIZED GOVE	····	31. PAYMENT    t  [] COMP	.RTR				34. CHECK		
				· · · · · · · · · · · · · · · · · · ·	[] PART	[AL	5-AUG-99 35. BILL C			_		
	DATE	SIGNATURE AND TI	TLE OF CERTIF	·	<del> </del>					<u> </u>		
37.	REC'D AT	38. RECEIVED BY DARLENE E SKINNER	t	39.DATE REC' 16-JUL-1999	D 40 TOTAL CO	NT.  4	41. S/R A	CCOUNT	NUMBER	42.	s/R	VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	3	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNI	T PRICE	23.	AMOUNT
0003	7617565575/2356G6/MAILN	.0000		JВ		\$.00		\$77.29
0004	761565576/2248G6/KRUSE	.0000		JB	l	\$.00	]	\$774.51
0005	7617565587/2382G6/DUNKER	.0000		JB		\$.00	1	\$775.60
0006	7617565589/2357G6/BECKER, D	.0000		JB		\$.00	1	\$228.92
0007	7617565591/2309G6/STUBBE	.0000		JB		\$.00	1	\$373.40
0008	7617565596/2355G6/QUANG	.0000		JB	1	\$.00	1	\$702.70
0009	7617565597/2354G6/WICHMAN	.0000		JB	ļ	\$.00	}	\$702.70
0010	7617565600/2363G6/FOX	.0000		JB	[	\$.00	1	\$726.17
0011	7617565601/2362G6/HENLEY	.0000		JB	}	\$.00	1	\$726.17
0012	7617565602/2262G6/KEYS	.0000		JB	!	\$.00	1	\$149.36
	7617565602/2262G6/KEYS	.0000		JB		\$.00	1	\$112.02
0014	7617565602/2262G6/KEYS	.0000		JB	]	\$.00	ı	\$112.02
0015	7617565603/2288G6/KOBLER	.0000		JB	1	\$.00	1	\$420.94
0016	7617565605/2258G6/MAVIS	.0000		JB .	1	\$.00	1	\$420.94
0017	7617565609/2183G6/JORDAN	.0000		JB		\$.00	1	\$420.94
0018	7617565614/2102G6/BAKDER	.0000		JB :	ļ	\$.00	1	\$314.08
0019	7617565615/2063G6/BETTS	.0000		JB	1	\$.00		\$377.38
0020	7617565616/2056G6/TROST	.0000	/ .0000	JB		\$.00		\$209.11
0021	7617565617/2393G6/ONEILL	.0000	/ .0000	JB		\$.00	1	\$378.40
0022	7617565618/2385G6/GOUGER	.0000		JB		\$.00	İ	\$268.43
0023	7617565620/256G6/VADER	.0000	/ .0000	JB		\$.00	Ì	\$288.34
0024	7617565642/2401G6/MICHALAK	.0000	/ .0000	JВ		\$.00	ĺ	\$325.87
0025	7617565650/2389G6/THOMASON	.0000		JB		\$.00	ĺ	\$268.43
0026	7617565651/2366G6/ARMSTRONG	.0000	/ .0000	JВ	•	\$.00	1	\$1.86.70
	7617565651/2366G6/ARMSTRONG	.0000		JB		\$.00	1	\$186.70
	7617565652/2384G6/SANIUK	.0000		ј ЈВ		\$.00		\$186.70
0029	7617565652/2384G6/SANIUK	.0000		JB		\$.00	[	\$186.70
	7617565660/2024G6/GEIBEL	.0000		JB		\$.00	f	\$373.40
	7617565662/2025G6/SCHWAFEL	.0000		JB		\$.00		\$373.40
	7617565677/2454G6/SPENCE	.0000		JB		\$.00	l	\$133.85
	7617565678/2453G6/LEAHY	.0000		JB		\$.00	1	\$133.85
	76175656579/2452G6/WAGNER	.0000		JВ		\$.00		\$167.52
	7617565680/2450G6/HARTLEY	.0000		JB	}	\$.00		\$167.52
	76175656585/2405G6/VANCLEEF	.0000		JB	,	\$.00		\$268.43
	7617565687/2406G6/ZEBROWSKI	.0000		JB		\$.00		\$268.43
	7617565688/2421G6/TIMP	.0000		JB		\$.00		\$334.30
	7617565688/2421G6/TIMP	.0000		JB		\$.00		\$334.30
	7617565690/2400G6/YOUNG	.0000		JB		\$.00		\$167.52
0041	7617565691/2402G6/HARRIS	.0000		JB		\$.00		\$167.52
0042	7617565692/2447G6/BRASCH	.0000	/ .0000	JB		\$.00		\$420.94
0043	7604389972/1429G6/HINES	.0000	/ .0000	JB I		\$.00		\$268.43

CORDER TOR GURDLING OR OR	DIV. 200				Form Approved OMB No. 0704-0187					PAGE
ORDER FOR SUPPLIES OR SEE	RVICES							704-0187 ug 31, 1		1
Public reporting burden for this collection of inform reviewing instructions, searching existing data source the collection of information. Send comments reguards information, including suggestions for reducing this Operations and Reports, 1215 Jefferson Davis Highway, and Budget, Paperwork Reduction Project (0704-0187), W	ces, ga ing thi burden , Suite	thering an is burden e n, to Washi e 1204, Arl	d mai: stima ngton ingto:	ntaining te or any Headquar	the d othe	ata n r asp Servi	eeded ect o: ces, 1	, and co f this c Director	mple olle ate	ting and reviewing ction of for Information
1. CONTRACT/PURCH ORDER NO. 2. DELIVERY ORDER NO. NA		3. DATE OF 15-JUL		R. 4. REC		ION/PI			NO.	5.CERTIPIED FOR NATIONAL DEFENSE UNDER DMS REG 1
6. ISSUED BY CODE	7. A	DMINISTERE	D BY		CODE					
									,	8. DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)
9. CONTRACTOR VENDOR ID: NB22399 CODE	FACI	LITY CODE			10.DE	LIVER	TO PO	OB POINT	BY	11.MARK IF BUS. IS
NATIONS BANK CARD #22399 4486160000022399 P O BOX 650785					12. D	ISCOU	TEI	RMS		[ ] SMALL DIS- ADVANTAGED [ ] WOMEN-OWNED
DALLAS, TX 75265-0785					13. M	AIL I	VOICE	S TO S	ee B	lock 15
14. SHIP TO CODE	15.	PAYMENT WI	LL BE	MADE BY		CODI	2			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
This delivery order is issued on and to terms and conditions of the above										specified herein.
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFFER R OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND				BERED PUR	CHASE	ORDER	AS I	T MAY P	REVIO	
NAME OF CONTRACTOR SIGNATUR  If this box is marked, supplier must sign Accepta		d return t	ne fol		YPED 1 umber				_	DATE SIGNED
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE										
18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE	20.	QUA	ANTITY O/ACCE			21.   2 UNIT	2. UN	IIT PRICE	2	23. AMOUNT
0001 7617585560/2303G6/GEORGE, M 0002 7617565574/2356G6/MALIN		.000			000	JB JB			.00	\$.00 \$.00
*If quantity accepted by the Government 24. UNITED ST	TATES O	F AMERICA						25. TOTA	ΛL.	\$.00
is same as quantity ordered, indicate by x. If different, enter actual quantity accepted below quantity BY: ordered and encircle.			CONTR	ACTING/O	RDERIN	NG OFF	į	29. DIFFEREN	ICES	
26. QUANTITY IN COLUMN 20 HAS BEEN		27. REC RP:	' NO	28. D.O.	VOUCE	HER NO		30. INITIALS	   	
[ ]INSPECTED [X]RECEIVED [ ]ACCEPTED AND CONFORMS T CONTRACT EXCEPT AS NOTE		[ ] PART								
15-JUL-1999 /S/ DARLENE E SKINNER DATE SIGNATURE OF AUTHORIZED GOVERNMENT RE	3P.	(X) PINAL		32. PAID	ы			33. AMT		\$.00
36.I certify this amount is correct and proper for pa	yment	[] COMI	•				ļ	34. CHEC	K NU	MBER
DATE SIGNATURE AND TITLE OF CERTIFYING OPFI	CER	[ ] FINA	T				İ	35. BILL	OF	LADING NO.
37. REC'D AT 38. RECEIVED BY 39.DATE		40 TOTAL CO	ONT.	41. S/R	ACCOL	JNT NU	mber	42.	s/R	VOUCHER NO.

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVIC	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT		
0003	7617565575/2356G6/MAILN	.0000		JB	\$.00		.00
0004	761565576/2248G6/KRUSE	.0000		JB	\$.00		.00
0005	7617565587/2382G6/DUNKER	.0000		JB	\$.00	\$.	.00
0006	7617565589/2357G6/BECKER, D	.0000		JB	\$.00		.00
0007	7617565591/2309G6/STUBBE	.0000		JB	\$.00	<b> </b> \$.	.00
	7617565596/2355G6/QUANG	.0000		JВ	\$.00		.00
	7617565597/2354G6/WICHMAN	.0000		JB	\$.00		.00
	7617565600/2363G6/FOX	.0000		JВ	\$.00		.00
	7617565601/2362G6/HENLEY	.0000		JB	\$.00		.00
	7617565602/2262G6/KEYS	.0000		JB	\$.00		.00
0013	7617565602/2262G6/KEYS	.0000		JB	\$.00	\$.	.00
0014	7617565602/2262G6/KEYS	.0000		JB	\$.00	\$.	.00
0015	7617565603/2288G6/KOBLER	.0000		JB	\$.00	\$.	.00
0016	7617565605/2258G6/MAVIS	.0000		JB	\$.00	\$.	.00
0017	7617565609/2183G6/JORDAN	.0000		JВ	\$.00	\$.	.00
0018	7617565614/2102G6/BAKDER	.0000		JB	\$.00	\$.	.00
0019	7617565615/2063G6/BETTS	.0000		JB	\$.00	\$.	.00
0020	7617565616/2056G6/TROST	.0000		JB	\$.00	\$.	.00
0021	7617565617/2393G6/ONEILL	.0000	/ .0000	JB	\$.00	\$.	00
0022	7617565618/2385G6/GOUGER	.0000		JB	\$.00	\$.	00
0023	7617565620/256G6/VADER	.0000		JB	\$.00	\$.	00
0024	7617565642/2401G6/MICHALAK	.0000		JB	\$.00	\$.	00
0025	7617565650/2389G6/THOMASON	.0000	/ .0000	JB	\$.00	\$.	00
0026	7617565651/2366G6/ARMSTRONG	.0000		JB	\$.00	\$.	00
0027	7617565651/2366G6/ARMSTRONG	.0000		JB	\$.00	\$.	00
0028	7617565652/2384G6/SANIUK	.0000	/ .0000	JB	\$.00	\$.	00
0029	7617565652/2384G6/SANIUK	.0000		JB	\$.00	\$.	00
0030	7617565660/2024G6/GEIBEL	.0000		JB	\$.00	\$.	00
0031	7617565662/2025G6/SCHWAFEL	.0000		JB	\$.00	\$.	00
0032	7617565677/2454G6/SPENCE	.0000		JB	\$.00	\$.	00
	7617565678/2453G6/LEAHY	.0000		JB	\$.00	\$.1	00
0034	76175656579/2452G6/WAGNER	.0000		JB	\$.00	\$.	00
0035	7617565680/2450G6/HARTLEY	.0000		JB	\$.00	. \$.0	00
0036	76175656585/2405G6/VANCLEEF	.0000		JB	\$.00	\$.	00
	7617565687/2406G6/ZEBROWSKI	.0000		JB	\$.00	\$.	
	76175656B8/2421G6/TIMP	.0000		JB	\$.00	\$.0	00
	7617565688/2421G6/TIMP	.0000		JB	\$.00	\$.0	00 j
	7617565690/2400G6/YOUNG	.0000		ЈВ ∫	\$.00	\$.0	
	7617565691/2402G6/HARRIS	.0000		JB	\$.00	\$.0	
0042	7617565692/2447G6/BRASCH	.0000		JB	\$.00	\$.0	00
0043	7604389972/1429G6/HINES	.0000	.0000	JB	\$.00	\$.0	00 j

## **NationsBank**

USACE OMAHA DISTRICT DARLENE SKINNER 215 N 17TH ST. OMAHA NE 68102-4978 VISA ACCOUNT NUMBER

Page 4 of 35

02-1	8 UNITED AIR 01676175656020MAHA NE		02-16	377.00	_
	REF:24792629048681931163025 MCC:3000 PHONE:		32.73		٠
1	NM:KEY\$/V TKT:0167617565602 MVAT:	CVAT:	CC:		
,	OARP:OMA SVC:Y DARP:DEN FR: DEP:022299				
	OARP:OMA SVC:Y DARP:OMA FR: DEP:022299				
<b>12</b> -1	8 UNITED AIR 01676175656180MAHA NE		02-16	271.00	
	REF:24792629048681931163041 MCC:3000 PHONE:				
i	NM:GOUGER/T TKT:0167617565618 MVAT:	CVAT:	CC:	•	
	OARP:OMA SVC:Y DARP:ORD FR: DEP:021799				
	OARP:OMA SVC:Y DARP:OMA FR: DEP:021799				
/ 02-1	IR UNITED AIR 01676175656500MAHA NE		02-16	271.00	1
	REF:24792629048681931163116 MCC:3000 PHONE:			u	
	NM:THOMASON/P TKT:0167617565650 MVAT:	CVAT:	CC:		
	OARP:OMA SVC:Y DARP:ORD FR: DEP:021799	•			
	OARP:OMA SVC:Y DARP:OMA FR: DEP:021799				
02-1	18 NWA AIR 01276175656000MAHA NE		02-16	733.11	1
	REF:24717059048580481124738 MCC:3060 PHONE:				
	NM:FOX/R TKT:0127617565600 MVAT:	CVAT:	cc:		
	OARP:RAP SVC:B DARP:MSP FR: DEP:022199				
	OARP:RAP SVC:B DARP:GFK FR: DEP:022199				
	OARP:RAP SVC:BX DARP:MSP FR: DEP:022199				
	OARP:RAP SVC:B DARP:RAP FR: DEP:022199				
02-	18 NWA AIR 01276175656010MAHA NE		02-16	733.11	(
	REF:24717059048580481124746 MCC:3060 PHONE:				
	NM:HENLEY/S TKT:0127617565601 MVAT:	CVAT:	CC:		
	OARP:RAP SVC:B DARP:MSP FR: DEP:022199				
	OARP:RAP SVC:B DARP:GFK FR: DEP:022199				
	OARP:RAP SVC:BX DARP:MSP FR: DEP:022199				
	OARP:RAP SVC:B DARP:RAP FR: DEP:022199				
02-	18 NWA AIR 01276175656200MAHA NE		02-16	291.00	-
	REF:24717059048580481124787 MCC:3060 PHONE:				
	NM:VADER/D TXT:0127617565620 MVAT:	CVAT:	· CC:	•	
	OARP:OMA SVC:H DARP:MSP FR: DEP:021799				
	OARP:OMA SVC:H DARP:RAP FR: DEP:021799				
	OARP;OMA SVC;HX DARP:MSP FR: DEP:021799				
	OARP:OMA SVC:H DARP:OMA FR: DEP:021799				
02-			02-16	317.00	i
	REF:24399009048360524496140 MCC:3058 PHONE:				
	NM:CINTRON/M TKT;0067617565611 MVAT:	CVAT:	CC:		
	OARP:OMA SVC:Y DARP:CVG FR: DEP:022199				
	OARP:OMA SVC:Y DARP:RIC FR: DEP:022199				
	OARP:OMA SVC:YX DARP:CVG FR: DEP:022199				
	OARP:OMA SVC:Y DARP:OMA FR: DEP:022199				

	REQUEST	AND AUTHORIZA				onnel		1. DATE OF REQUEST
	Trave	(Reference:		avel Regulat: ted in items		21		19-JUL-1999
			REC	QUEST FOR OF	FICIAL TRA	AET		
2.NAME (Last,F:	rst, Middle In	itial)	SSN		3.POS	ITION TITLE AND GRADE	OR RATI	NG
GOUGER, TIMOTHY P					ENVIR	ONMENTAL ENGINEER		GS12
4.OFFICIAL STATION					5.ORG	ANIZATIONAL ELEMENT	6.PH	ONE NO.
RAPID RESPONSE RES OFFUTT, AFB, NE	IDENT OFFICE				CENWO	-CD-FC-R	293-2514	
7.TYPE OF ORDERS			8.SECURIT	TY CLEARANCE		POSE OF TDY	<del></del>	
TEMPORARY DUTY					LECH :	SUPPORT		
10a.APPROX NO. DAY			b. PROCEEL	D O/A (DATE)	$\neg$		•	
(Including tra	vel time) 1		17-	-FEB-1999	CATEG	ORY SITE VISIT-OPERA	TIONAL/M	NGRIAL
11.ITINERARY			Y VARI	IATION AUTHOR	RIZED			
LEG: 1 OF 1 AMEN FROM: OMAHA / I TO : CHICAGO /	OUGLAS NEBRASE	ka proceed on				900 HRS		·
12.MODE OF TRANSPO	RTATION	TP TR	NSPN REQ -	PLANE				
COMM	ERCIAL			GOVERNMENT		PRIVATELY O	VEYANCE (Check one)	
RAIL AIR XX	BUS	SHIP	AIR	AEHICLE	SHIP	RATE PER MILE: 0.0000		
<del></del>	NED BY APPROPE	TAME TEAMSEO	TON OF	ZET CEP	<u> </u>	More advantageou	s to gove	ernment
نــا	Travel only)	CIMIE IMPROVE CO	RIALION C.	·		i constructive cos	t of communication	d per diem limited to mon carrier transportation determined in JTR. Travel d in JTR.
OTHER RATE OF F	DIEM AUTHORIZE ER DIEM(Specif		NCE WITH J	TR				
14.ESTIMATED COST							1	15.ADVANCE AUTHORIZED
PER DIEM \$162.00	TRAVEL	L \$318.43		THER \$5	50.00	TOTAL \$530.43		<b>\$.</b> 00
			requiremen	its, leave, :	superior or	i : 1st-class accommoda	tions, ex	xcess baggage, etc.)
See Attached For A			OF COMPLE	TION OF TRAN	VEL. PAILUF	RE TO DO SO WILL RESU	LT IN COI	LLECTION ACTION.
17.REQUESTING OFFI /ELECTRONICALLY SI TRANSPORTATION ASS	GNED BY/ DARLE	(Title and sig ENE E SKINNER 19-JUL-19	R		/ELECTRONI	ING OFFICIAL (Tit. CALLY SIGNED BY/ DAR TION ASSISTANT	LENE B S	ignature) SKINNER -JUL-1999
, , , , , , , , , , , , , , , , , , ,				AUTHORIZ	ZATION	<del>*************************************</del>	<u> </u>	
19.ACCOUNTING CITA	:ION				100%			
20.ORDER AUTHORIZI /ELECTRONICALLY SI LOGISTICS MANAGEME 9501 JOHN J. PERSH	GNED BY/ DARLE NT OFFICE		and signatu		OR AUTHENTI PORTATION A		<u> </u>	ISSUED 19-JUL-1999 31 ORDER NUMBER
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		OMAHA, NE6811	12				:	902385G6

	U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 19-JUL-1999
NAME (Last, First) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 902385G6

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

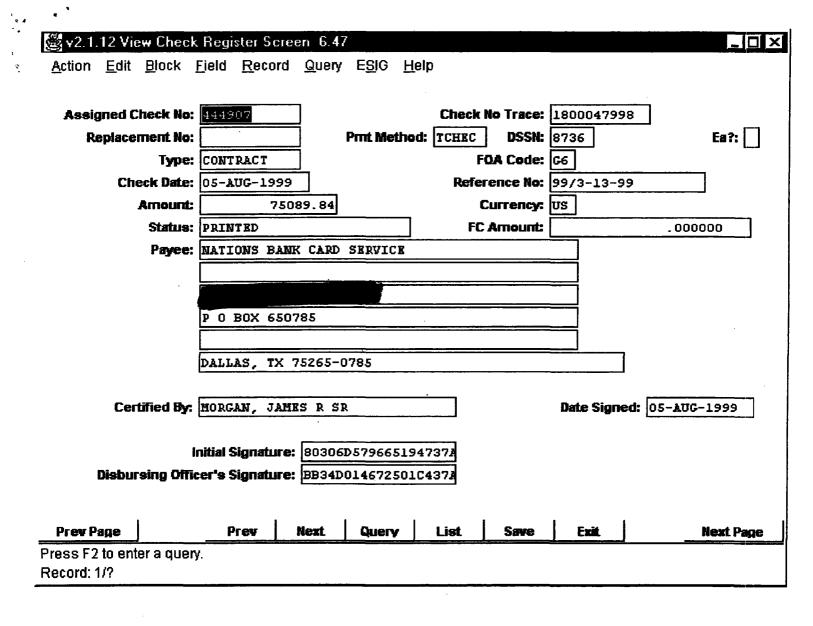
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

[ ] }		-	ND AUTHORIZ (Reference Authorized	: Joint	Travel	Regulat	ions)			RL .		1. DATE OF REQUEST
					REQUEST	r POR OF	FICIA	L TRAV	EL —			<u>i</u>
2.NAME	(Last, First,	Middle Ini	tial)	SSN	3 - 5 - 10 - 10 - 10 - 10 - 10 - 10 - 10			3.POSI	TIC	ON TITLE AND GRADE	OR RAT	ING
GOUGER, TI	MOTHY P							ENVIRO	NME	NTAL ENGINEER		GS12
4.OFFICIAL	STATION	TT OPPICE						5.ORGA	NIZ	ATIONAL ELEMENT	6.P	HONE NO.
OFFUTT, A		VI OFFICE						CENWO-CD-FC-R 402-293-2514				
7.TYPE OF				8.SECU	RITY CL	Learance		9. PURPOSE OF TDY TECH SUPPORT				
ļ	NO. DAYS OF	TDY		b.PROC	EED O/A	(DATE)						
,	ding travel			ļ	17-FEB-	-1999	İ	CATEGO	RY	SITE VISIT-OPERA	TIONAL/	MNGRIAL
11.ITINERA	RY			YV	ARIATIO	ON AUTHO	RIZED	<del></del> )			··· <u></u>	
FROM: C	1 AMENDMEN MAHA / DOUGI CHICAGO / DU	AS NEBRASK	A PROCEED OF					AT 190	00	HRS		
12.MODE OF	TRANSPORTAT	TION	TP T	RNSPN RE	Q - PLA	WE						
	COMMERCI	IAL			GOV	/ERNMENT				PRIVATELY O	MNED CO	NVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEH	IICLE	SHIP	IP RATE PER MILE: 0.0000				
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER  (Overseas Travel only)  (Overseas Travel only)  More advantageous to government  Mileage reimbursement and per diem limited to  constructive cost of common carrier transportation and related per diem as determined in JTR. Travel time limited as indicated in JTR.												
OTHER R	ATE OF PER D		O IN ACCORDA	ANCE WITH	H JTR						_	
14.ESTIMAT	ED COST											15.ADVANCE AUTHORIZED
PER DIEM	\$162.00	TRAVEL	\$321.00	)	OTHER	\$!	50.00		T	OTAL \$533.00		\$.00
16.REMARKS See Attach	(Use t ed For Addit			require	ments,	leave,	super	ior or	15	t-class accommodat	ions,	excess baggage, etc.)
TRAVEL ADV	ANCE MUST BE	SETTLED W	THIN 5 DAYS	OF COM	PLETION	OF TRA	VEL.	PAILURE	T	O DO SO WILL RESU	T IN C	OLLECTION ACTION.
/ELECTRONI	ING OFFICIAL CALLY SIGNED Y CIVIL ENGI	BY/ STEVE	Fitle and si T RASMUSSEN 12-FEB-1	J	)		/ELE	CIRONIC	AL	OFFICIAL (Tit) LY SIGNED BY/ JERG IVIL ENGINEER	OME M W	signature) CODS NER 2-FEB-1999
						AUTHORI	ZATIO	N			-	
19.ACCOUNT	ING CITATION					7	1009	ł				
/ELECTRONI	UTHORIZING C CALLY SIGNED MANAGEMENT C J. PERSHING	BY/ MARIL OFFICE		and sign	nature)			THENTIC FION AS		ION STANT (FLEE		E ISSUED 12-FEB-1999 VEL ORDER NUMBER
1		(	MAHA, NE681	12								902385G6

b		DATE ISSUED 12-FEB-1999
	NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 902385G6

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT
MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC
KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

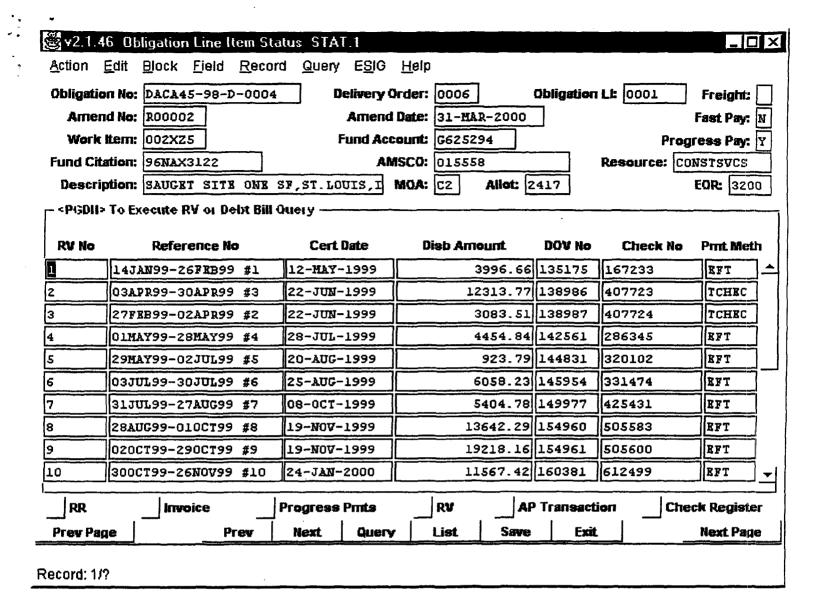




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Action Edit Bloc	k <u>F</u> ield <u>R</u> eco	rd <u>Q</u> uery	E <u>S</u> IG <u>H</u>	elp				
Action Edit Block Field Record Query ESIG Help  Obligation No: DACA45-98-D-0004 Delivery Order No: 0006 Inv No: 5  Description: SAUGRT SITE ONE SF,ST.LOUIS,IL Period: 200012  Inv Reference No: DIMAYSS-28/DAYSS #4 Discount Days: Percent:  Inv Date: 26-JUL-1999 TFO Indicator: Inv Recv'd Date: 26-JUL-1999  Pmt Address ID: 000015101 F&A Received Date: 26-JUL-1999 Final Payment: Pmt Office ID: 1 Release of Claims: Notice To Proceed: Y								
Line item:	0001		fund?	<b></b> .	*** This		*** All INV's ***	
	T-PLUS-FIXED	<del>-</del> -		Qty: Price:			0	
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Amt Ordered:	302158.	28		s Amt:		454.84	266932.86	
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Total Estimates:	16		Retainage	<b>}</b> ==		. 00	.00	
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C.Q.R. Signor	•	Liq. Damages:					.00	
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Record: 5/?								



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			DHIL	PHILADELPHIA, PA 19178-6175								
	FRIDAD BUFFILA, FA 17170-0173											
Certified By: AUTRY, SHIRLEY LE Date Signed: 28-JUL-1999												
Initial Signature: 638D0D6D9C79052D379												
Disbursing Officer's Signature: 379¥3765												
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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 12:09:20

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

": G6

FLSA: E CUTOFF DATE IS: 07/03/1999 PAY PERIOD ENDING: 07/03/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 06/20 06/21 06/22 06/23 06/24 06/25 06/26 06/27 06/28 06/29 06/30 07/01 07/02 07/03 Total

L10873 4.00 4.00 8.00 8.00 L26606 16.00 L27072 8.00 8.00 L38740 1.00 8.00 9.00 LEAVE 3.00 3.00

\*The above hours were ELECTRONICALLY SIGNED ON: 28-JUN-1999

BY: PETERS, PAULA K JOB TITLE: CHEMIST

8.00 8.00 B05708 16.00 L27073 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-JUN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST L21275 8.00 8.00 L38740 6.00 6.00

\*The above hours were ELECTRONICALLY SIGNED ON: 02-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

LEAVE

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

2.00

80.00

2.00

REG= 75.00 HOL=

OVT=

ALV= 3.00 OLV= NON=

2.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:



LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 12:09:20

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 06/20/1999

LABOR-COST TO : 07/03/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
BERAN E 80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 12:09 - SID G6CEFMP1 \*\*\*

**66** 

LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000

Page: 1

TIME: 12:09:35

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 07/17/1999 PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/04 07/05 07/06 07/07 07/08 07/09 07/10 07/11 07/12 07/13 07/14 07/15 07/16 07/17 Total

				•	
B03822		8.00	8.00		16.00
L21275	2.00	4.00			6.00
L38740	4.00	4.00			8.00
LEAVE	2.00				2.00
LEAVE	8.00				8.00
*The above hours were ELECTRONICALLY	SIGNED ON: 3	12-JUL-1999			

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

 L21275
 4.00
 4.00
 6.00
 8.00
 22.00

 L49880
 4.00
 8.00
 2.00
 14.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 70.00 HOL=

OVT=

ALV= 2.00 OLV=

NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:09:35

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

**EMPLOYEE** BERAN E

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 12:09 - SID G6CEFMP1 \*\*\* \*\*\*\*\*\*\*\*\*\*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 12:10:31

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 07/17/1999 PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/04 07/05 07/06 07/07 07/08 07/09 07/10 07/11 07/12 07/13 07/14 07/15 07/16 07/17 Total 

L32671		5.00		5.00
L34691			5.00	5.00
L38740		3.00		3.00
L49738	8.00			8.00
LEAVE		8.00	3.00	11.00
LEAVE	8.00			8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 12-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B04804			3.50			3.50
L21275	6.00	3.00				9.00
L30144	2.00					2.00
L34691				6.50		6.50
L40023		•	2.00			2.00
L49880		5.00	2.50	1.50		9.00
LEAVE					8.00	8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 53.00 HOL= OVT=

ALV= 19.00 OLV=

NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:



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LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:10:31

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

THOMASON P

80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 12:10 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1 Date: 27-DEC-2000

TIME: 12:10:13

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 07/17/1999 PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/04 07/05 07/06 07/07 07/08 07/09 07/10 07/11 07/12 07/13 07/14 07/15 07/16 07/17 Total

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

B03822 8.00 8.00 16.00 4.00 L21275 2.00 6.00 4.00 L38740 4.00 B.00 LEAVE 2.00 2.00 LEAVE 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 12-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

 L21275
 4.00

 L49880
 4.00

 L49920
 4.00

 8.00
 2.00

 14.00
 10.00

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\*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 70.00 HOL=

ovr⊨

ALV= 2.00 OLV=

NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000

TIME: 12:10:13

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

BERAN E

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\*\*\* END OF REPORT - 27-DEC-2000 - 12:10 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:09:51

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 07/17/1999

PAY PERIOD ENDING: 07/17/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/04 07/05 07/06 07/07 07/08 07/09 07/10 07/11 07/12 07/13 07/14 07/15 07/16 07/17 Total 

B00594

2.00 8.00 8.00 8.00 4.00

8.00 8.00 8.00 8.00

66.00 4.00

L35672 LEAVE LEAVE

2.00

8.00

8.00

2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

\*

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80,00

REG=

70.00 HOL=

OVT=

2.00 OLV= NON= 8.00 SP-RATE-HRS= ALV≠

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2 Date: 27-DEC-2000

TIME: 12:09:51

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

\*

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/04/1999

LABOR-COST TO : 07/17/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL
GOUGER T 80.0

\*\*\* END OF REPORT - 27-DEC-2000 - 12:09 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 12:11:19

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 07/31/1999 PAY PERIOD ENDING: 07/31/1999

CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 07/18 07/19 07/20 07/21 07/22 07/23 07/24 07/25 07/26 07/27 07/28 07/29 07/30 07/31 Total R04804 4.00 4.00 L27782 4.00 4.00 L32565 8.00 5.50 13.50 L34691 1.00 8.00 2.00 11.00 L47168 2.00 4.00 6.00 L47181 1.00 1.00 LEAVE 0.50 0.50 \*The above hours were ELECTRONICALLY SIGNED ON: 26-JUL-1999 BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST L21275 4.00 4.00 L32565 4.00 4.00 L34691 4.00 4.00 L42900 7.75 7.75 L47168 8.00 8.00 L50650 6.00 6.00 L51020 2.00 4.00 6.00 LEAVE 0.25 0.25 \*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999 BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00

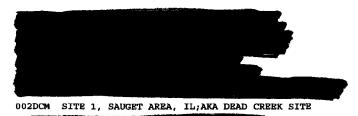
8.00 8.00 8.00 8.00 8.00 80.00

REG= 79.25 HOL= OVT=

0.75 ALV= OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:



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LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:11:19

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 07/18/1999

LABOR-COST TO : 07/31/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

80.00 Y

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:11:04

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

L23440

₽ G6

FLSA: E CUTOFF DATE IS: 07/31/1999 PAY PERIOD ENDING: 07/31/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/18 07/19 07/20 07/21 07/22 07/23 07/24 07/25 07/26 07/27 07/28 07/29 07/30 07/31 Total

8.00 2.00 L38740 10.00 L50650 8.00 8.00 LEAVE 1.00 1.00 \*The above hours were ELECTRONICALLY SIGNED ON: 26-JUL-1999 BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

2.00

6.00 8.00 7.00

2.00 L21275 2.00 L50650 2.00 L50840 2.00 2.00 2.00 2.00 L51020 4.00 2.00 8.00 8.00 8.00 8.00 L51020 34.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 10.00 10.00 8.00

84.00

21.00

REG=

OVT≃

ALV= 1.00 OLV=

NON ≈

SP-RATE-HRS=

FOR THESE WORK ITEMS:

83.00 HOL=

ce\_\_labr.2.1.19 648

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:11:04

CERTIFIED

84.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 07/18/1999

LABOR-COST TO : 07/31/1999

EMPLOYEE COUNT = 1

EMPLOYEE BERAN E REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

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\*\*\* END OF REPORT - 27-DEC-2000 - 12:11 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:10:49

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 07/31/1999 PAY PERIOD ENDING: 07/31/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 07/18 07/19 07/20 07/21 07/22 07/23 07/24 07/25 07/26 07/27 07/28 07/29 07/30 07/31 Total \*

B00594 8.00 8.00 7.00 8.00 4.00 8.00 8.00 51.00 L35672 4.00 8.00 12.00 LEAVE 8.00 8.00 16.00 LEAVE 1.00 1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 63.00 HOL=

NON= 1.00 SP-RATE-HRS=

OVT=

OLV= ALV= 16.00

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:10:49

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 07/18/1999

LABOR-COST TO : 07/31/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 12:10 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*

VOUCHER FOR TRANSFERS PAGE NO. 001 \*\*\*\*\*\*\*\*\*\* CIC #: 99EPA SUPERFUND BETWEEN APPROPRIATIONS AND/OR FUNDS BILLED DATE 01-JUL-1999 ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. D.O. VOUCHER NO. 28014307 PARTIAL # 9 01-JUN-1999 THRU 01-JUL-1999 BILLING OFFICE (SEND REMITTANCE TO): BILLED OFFICE (MAIL TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 5722 INTEGRITY DRIVE ACCOUNTING OPERATIONS OFFICE C O USACE FINANCE CENTER 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION 68 20 X 8145.0000 NA \$15,949.73 \$15,949.73

DESCRIPTION 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 CONTRACT - OUTSIDE GOVERNMENT SUBTOTAL

PARTIAL AMOUNT PAID \$15,949.73 PAYMENT DUE DATE 31-JUL-1999 PAY THIS AMOUNT \$.00

CERTIFICATE OF OFFICE BILLED FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$62,567.09 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$46,617.36 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$15,949.73 TOTAL FLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080

LINE ITEM

000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR

cuortl.2.1.14 481

TRANSACTION LISTING OMAHA DISTRICT

Page: 1 Date: 20-DEC-2001

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 06-1999

\_\_\_\_\_\_

CONTRACT - OUTSIDE GOVERNMENT

Del Order No Emp ID Obligation Line Item Resource Code Accrual Ind Transaction Date PR&C Total DACA45-98-D-0004 0006 0001 CONSTSVCS 18-JUN-1999 W59XOG90122578 \$12,313,77 DACA45-98-D-0004 0006 0001 CONSTSVCS 18-JUN-1999 W59XQG90122578 \$3,083.51 TRANSPER 29-JUN-1999 W59XOG91688112 905196G6 NA \$56,30

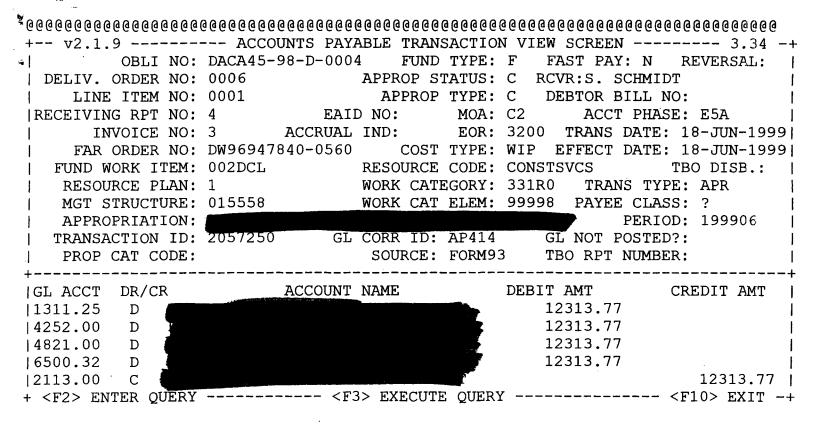
SUBTOTAL COST:

\$15,453.58

INHOUSE - LABOR

Work Date Emp ID No of Hours Type Labor \$ G&A \$ Indirect \$ Transaction Date Charge Code Total 22-JUN-1999 RG 30-JUN-1999 L35672 \$496.15 SUBTOTAL CO \$311.07 \$76.21 \$108.87 \$496.15 TOTAL COST: \$15,949.73

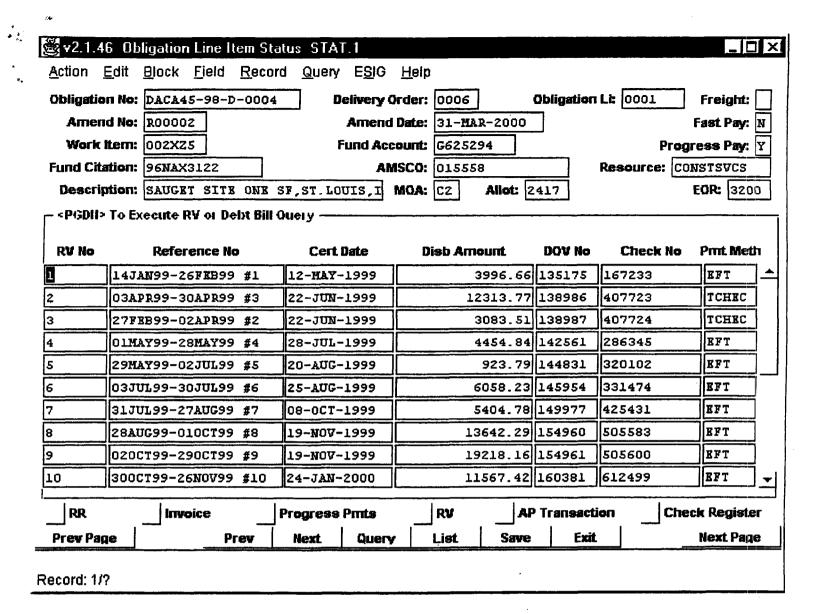
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Count: 8

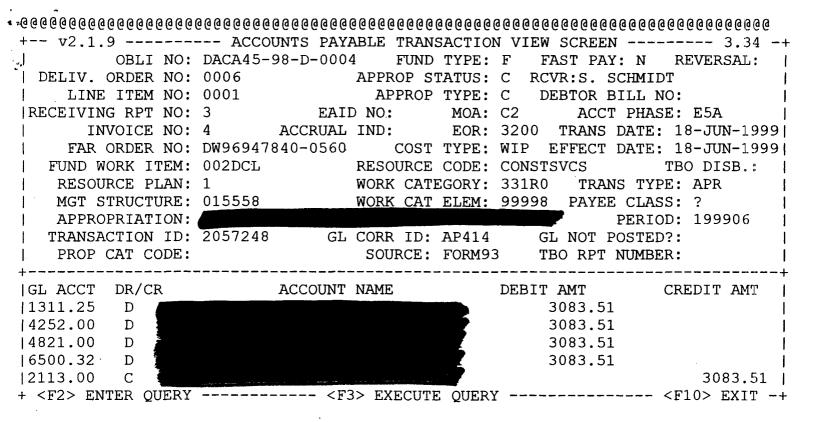
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Pay Estimate No:	3	Ret	ainage Pct: 🗌	.00		
Total Estimates:	16	Reta	inage Amt:		.00	.00
		Other D	eductions:		.00	.00
Program Mgr Sig	nor	Retaina	ge Refund: 🗌			.00
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C.O.R. Signor		Liq.	. Damages: 🗌			.00
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Prev Page	Prev	Next Que	ry List	Save	Exit.	Next Page
Record: 3/?				,		



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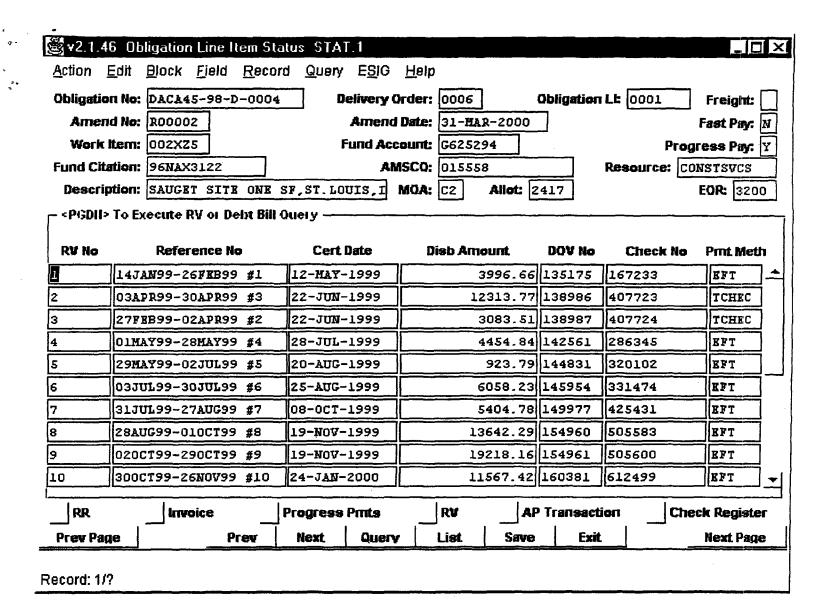


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1. PAYMENT REQUIRED BY 2. TYPE OF PAY	MENT									3. FOR DO USE ONLY		
CASH CHECK X TDY/TAD	PC									a. DO VOUCHER NO.		
X ELECTRONIC FUND TRANSFER OTHER		MBER / PLOYEI	•	T r	DEPEN	NDENT (	(s)		DLA	000013	9399	
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P	5	. GRAI	DE	6. 8		rivac	y Ac	t D	ata	b. SUBVOUCHER NO.		
7. ADDRESS a.NUMBER AND STREET b. CITY				c.SI	FATE	d.ZIF	COD	E		c. PAID BY 8736 02Jul1999 USACE FINANCE CENTER		
Privacy Act Information. Privacy Act In	formati	on.										
8. TELEPHONE NUMBER	NUMBER 6Jun199	9	10.PREVIOUS PAYMENTS/ADVANCES   \$.00						ANCES			
11. ORGANIZATION AND STATION RAPID RESPONSE R	ESIDENT	0										
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16. REIMBURSABLE EXPENSES		1			<del></del>	17. L	-			(1) Per Diem \$34.50 (2) Actual Expense		
DATE   b. NATURE OF EXPENSE	c. AMC	<del></del> -	b. A	LLOW	IED	a. DA	YS	b. 1	HOURS	<ul><li>(3) Mileage</li><li>(4) Dependent Travel</li></ul>		
22Jun1999 CREDIT CARD ATM FEE  22Jun1999 MILEAGE TO/FROM AIRPORT	\$   \$	9.30			ŀ	c. TA	KEN I	BETV	WEEN	<ul><li>(5) DLA</li><li>(6) Reimbursable Exp</li></ul>	ense -	\$21.80
22Jun1999 PARKING FEES - AIRPORT 22Jun1999 TRANSPORTATION - SUBWAY	\$   \$	3.00			-					<ul><li>(7) Total</li><li>(8) Less Advance</li></ul>		\$56.30
						d. AN	D			(9) Amount Owed (10) Amount Due		\$56.30
18. POC TRAVEL: OWNER/OPERATOR			PAS	SENG	ER					NSPORTATION REQUEST AUTHORIZATION (MTA)	(GTR)/MII	LITARY
<ol> <li>Long distance telephone calls are certific necessary in the interest of the government</li> </ol>					}		GTR/N			b. FROM	c	. TO
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21.a. CLAIMANT SIGNATURE	<del></del> :							GIGNATURE // JEROME M WOODS		b. DATE 28Jun1999		
23. ACCOUNTING CLASS										100 9	FUNDED	
24. COLLECTION DATA									<del></del>			
25. COMPUTED BY 26. AUDITED BY 27.TRVL OF SHELIA DACQUISTO JUDITH MORGAN	28. 1		IVED 2656		e sig	gnat	ure a	and date or check no.)	29.	AMOUNT PAID \$56.30		

	TRAVEL VOUCHER OR SUBVOUCHER (Continuation Sheet)											PAGE NO.	2	
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25. COMPUT	ED BY	26. AUDITED BY	27. TRAVEL OF POSTED BY		28. RECEIY	ED / <del>Payes</del> .	Signoture a	nd Dete a	r Check No.)			29. A	MOUNT PAID

## Carlson Wagonlit Travel

SALES PERSON: 44 ITINERARY/INVOICE NO. ØØ16Ø37

CUSTOMER NBR: 585191

**VJDTVB** 

DATE: 17 JUN 9 PAGE: Ø1

TO: FT CROOK

DELIVER 21JUN .

MAIL REFUNDS W/ORDERS TO-CARLSON WAGONLIT TRAVEL

COE/OMAHA

215 N 17TH STREET

ROOM 106B

**OHAHA NE 68192** 

FOR: GOUGER/TIMOTHY

REF: CTAORD, 096252, COEOHA

22	JUN 99	P - TUESDAY					
	AIR	UNITED AIRLINES	FLT:344	COACH			
		LV OMAHA		833A		EQP: BOEING 91HR 17HIN	757
		AR CHICAGO OHARE	•	95ØA		NON-STOP	
		ARRIVE: TERMINAL 1				REF: X23J18	
	OTHER	SEAT					
		SEATING RESTRICTED	TO AIRPORT	CHECK-IN	ONLY.		
	AIR	UNITED AIRLINES	FLT:667	COACH		•	
		LV CHICAGO OHARE		744F		EQP: BOEING	757
		DEPART: TERMINAL 1				Ø1HR 25HIN	
	•	AR OMAHA		9Ø9F		NON-STOP	
				•		REF: X23J18	

OTHER SEAT

SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

2Ø SEP 99 - MONDAY OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET ELEC TKT

UA7648387Ø79

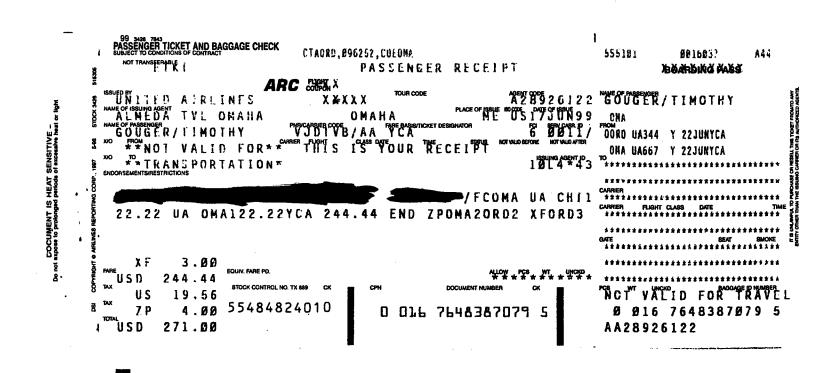
GOUGER TIMOTHY BILLED TO

SUB TOTAL NET CC BILLING 271.66 271.60

TOTAL AMOUNT DUE

3.56

CONTINUED ON PAGE 2



Welcome to Bank of America

-1 4.3

AOL @ Keyword: BofA

Visit us on the Internet at

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					_			<del></del>		
	REQUEST AND AUTHORI (Reference Travel Authorize	e: Joint	Travel Regulat	ions)				1. DATE OF REQUEST		
	·		REQUEST FOR OF							
2.NAME (Last, First,	Middle Initial)	SSN		3 . POS:	ITI	ON TITLE AND GRADE	OR RATI	NG		
GOUGER, TIMOTHY P				ENVIR	MMC	ENTAL ENGINEER		GS12		
4.OFFICIAL STATION RAPID RESPONSE RESIDEN	T OFFICE			5.ORG	MI	ZATIONAL ELEMENT	6 . PH	ONE NO.		
OFFUTT, AFB, NE				CENWO-	-CD	-FC-R	2500			
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECU	RITY CLEARANCE		9. PURPOSE OF TDY TECH SUPPORT					
10a.APPROX NO. DAYS OF TDY b.PROCEED O/A (DATE)										
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11.ITINERARY		ΥV	ARIATION AUTHO	RIZED				<u></u>		
LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 22-JUN-1999 AT 600 HRS TO : CHICAGO / DU PAGE, COOK & LAKE ILLINOIS DEPART ON 22-JUN-1999 AT 1900 HRS										
12.MODE OF TRANSPORTAT	ION TP	TRNSPN RE	Q - PLANE	<del></del>	_	, <u></u>				
COMMERCIA	AL	<del> </del>	GOVERNMENT	<del></del>	<u> </u>	PRIVATELY OWNED CONVEYANCE (Check one)				
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14 ESTIMATED COST			<del></del>	<del></del>				15.ADVANCE AUTHORIZED		
PER DIEM \$50.00	TRAVEL \$321.	00	OTHER \$10	00.00	1	TOTAL \$471.00		\$.00		
RENTAL VEHICLE AUTHORISMILEAGE TO AIRPORT FROM IF TRIP IS CANCELLED OF OFFICIAL TRAVEL ARRANGI RNMENT IS NOT REIMBURS										
17.REQUESTING OFFICIAL /ELECTRONICALLY SIGNED SUPERVISORY CIVIL ENGIN	BY/ STEVE T RASMUSS	en			CA	OFFICIAL (Titl LLY SIGNED BY/ JERC CIVIL ENGINEER	ME M WO	ignature) ODS -JUN-1999		
			AUTHOR12	ZATION						
19.ACCOUNTING CITATION				100%						
20.ORDER AUTHORIZING OF /ELECTRONICALLY SIGNED	BY/ JANICE L WZOREK	and sign		OR AUTHENTI		•	21.DATE	ISSUED 17-JUN-1999		
FORT CROOK AREA OFFICE	P.O. BOX 1	3287		•			22.TRAV	EL ORDER NUMBER		

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OFFUTT, AFB, NE68113

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Certified By: AUTRY, SHIRLEY LE Date Signed: 02-JUL-1999										
Initial Signature: 100CA37841723021377										
Disbursing Officer's Signature: 377CDDF8										
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".G6 LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 12:08:09

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 07/03/1999 PAY PERIOD ENDING: 07/03/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 06/20 06/21 06/22 06/23 06/24 06/25 06/26 06/27 06/28 06/29 06/30 07/01 07/02 07/03 Total

5.00 8.00 8.00 8.00 8.00 8.00 8.00 53.00
L35672 8.00
LEAVE 3.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-JUN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594 6.00 8.00 14.00 LEAVE 2.00 2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 06-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

E00594 -8.00 -8.00 LEAVE 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 28-JUL-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

\_\_

80.00

REG= 67.00 HOL=

OVT=

ALV= 11.00 OLV=

NON= 2.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

, G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 12:08:09

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 06/20/1999

LABOR-COST TO : 07/03/1999

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED 80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 12:08 - SID G6CEFMP1 \*\*\*

VOUCHER FOR TRANSFERS PAGE NO. 001 CIC #: 99EPA SUPERFUND BETWEEN APPROPRIATIONS AND/OR FUNDS BILLED DATE 01-JUN-1999 ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. D.O. VOUCHER NO. 28013535 8 03-MAY-1999 THRU 01-JUN-1999 PARTIAL # BILLING OFFICE (SEND REMITTANCE TO): BILLED OFFICE (MAIL TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION 8145.0000 NA \$12,190.86 68 20 X \$12,190.86 LINE ITEM DESCRIPTION 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR SUBTOTAL

PAY THIS AMOUNT

PARTIAL AMOUNT PAID

\$12,190.86

PAYMENT DUE DATE 01-JUL-1999

CERTIFICATE OF OFFICE BILLED

\$.00

FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$46,617.36 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$34,426.50 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$12,190.86 TOTAL FLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080 cuortl.2.1.14 475

TRANSACTION LISTING OMAHA DISTRICT

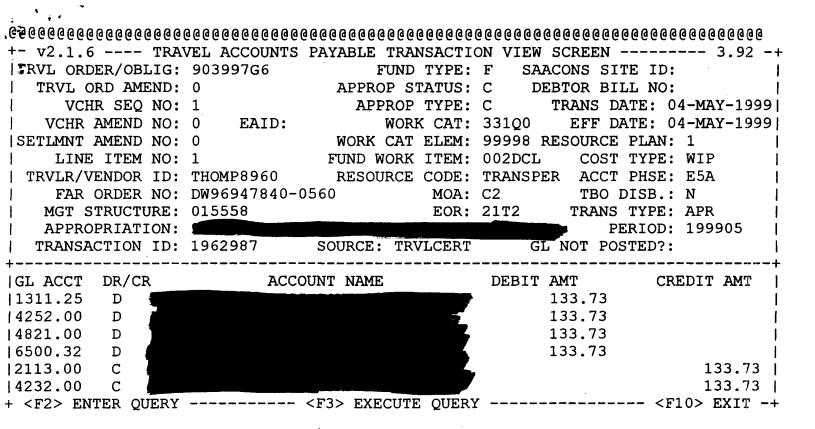
Page: 1 Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 05-1999

Transaction Date 04-MAY-1999 10-MAY-1999 13-MAY-1999 14-MAY-1999 25-MAY-1999	PR&C W59XQG91122481 W59XQG90122578 W59XQG90122578 W59XQG90122578 W59XQG91122480	Obligation 90399766 DACA45-98-D-0004 DACA45-98-D-0004 DACA45-98-D-0004 903994G6	Del Order No NA 0006 0006 0006 NA	Emp ID	Line Item 1 0001 0001 0001	Resource Code TRANSPER CONSTSVCS CONSTSVCS CONSTSVCS TRANSPER	Accrual :	Ind	Total \$133. \$3,996. \$98,467. \$-98,467.
				SUBTOTAL	COST:				\$4,263.
INHOUSE - LABOR									
Transaction Date	Charge Code	Work Date	Emp ID 1	lo of Hours	Type	Labor \$	G&A \$	Indirect \$	Total
10-MAY-1999	L21275	07-MAY-1999							\$1,275.
LO-MAY-1999	L21275	07-MAY-1999							\$370.
LO-MAY-1999	L21275	06-MAY-1999							\$534.
LO-MAY-1999	L35672	06-MAY-1999	4						\$41.
LO-MAY-1999	L35672	07-MAY-1999							\$1,364.
L4-MAY-1999	L21275	12-MAY-1999							\$1,787.
17-MAY-1999	L21275	12-MAY-1999							\$807.
L7-MAY-1999	L21275	10-MAY-1999							\$194.
24-MAY-1999	L35672	21-MAY-1999							\$1,240.
8-MAY-1999	L35672	25-MAY-1999							\$310.
		•		SUBTOTAL	CO S	\$4,506.88	1,104.20	\$2,316.36	\$7,927.
								TOTAL COST:	\$12,190.

\*\*\* E N D O F R E P O R T - 19-DEC-2001 - 14:17 - SID G6CEFMP1 \*\*\*

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TRAVEL VOUCHER OR SUBVOUCHER	TV NO	: 1 AM	END NO: 0				
1. PAYMENT REQUIRED BY 2. TYPE OF PAY	MENT				3. FOR DO US	e only	
CASH CHECK X TDY/TAD X ELECTRONIC FUND TRANSFER OTHER	PCS MEMBER EMPLOYE		PENDENT(S)	DLA	a. DO VOUCHER NO. 00001:	33985	
4. NAME (Last, First, Middle Initial) THOMASON, PATTI J	5. GRA		N Privacy Act I	Data	b. SUBVOUCHER NO.		
7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act In	formation.	c.STA	TE d.ZIP CODE		c. PAID BY 8736 05May1999		
8. TELEPHONE NUMBER 9. TRAVEL ORDER 402-221-7690 903997G6 2	NUMBER 2Apr1999	10.PREVIO	US PAYMENTS/ADV \$.00	ances	USACE FINANCE CENTER	K	
11. ORGANIZATION AND STATION INDUSTRIAL HYGIE							
12. DEPENDENT(S)							
ACCOMPANIED UNACCOMPANIE	D	RECEIPT OF	HED (IF APPLICA	BLE)			
SEE ATTACHED (IF APPLICABLE)		14.HOUSEH	OLD GOODS SHIPP	ED			
		YES	NO		d. COMPUTATIONS	<u> </u>	
15. ITINERARY	<del></del>						
DATE LOCAL TIME PLACE	MODE REAS OF FOR	LODGING -	, ,	POC MILES			
1999	TRVL STOP	COSTS	Gov't Ded				
04/27   DEP   0620   OMAHA / DOUGLAS NE NEBRASKA		59.00		į			
04/28 ARR 1630 OMAHA / DOUGLAS NE NEBRASKA	MC MC						
ARR DEP							
ARR DEP				j			
ARR DEP		İ		ļ			
ARR					e. Summary of Paymen	T	
16. REIMBURSABLE EXPENSES			17. LEAVE		(1) Per Diem \$102.23 (2) Actual Expense		
DATE b. NATURE OF EXPENSE		b. ALLOWED	a. DAYS b. 1	HOURS	(3) Mileage (4) Dependent Travel		
28Apr1999 MILEAGE TO/FROM AIRPORT 28Apr1999 PARKING FEES - AIRPORT 28Apr1999 LODGING TAXES	\$ 15.50 \$ 16.00 \$ 7.23		c. TAKEN BET	WEEN	<ul><li>(5) DLA</li><li>(6) Reimbursable Exp</li><li>(7) Total</li><li>(8) Less Advance</li></ul>	ense \$31.50 \$133.73	
			d. AND		(9) Amount Owed (10) Amount Due	\$133.73	
18. POC TRAVEL: OWNER/OPERATOR		PASSENGER			NSPORTATION REQUEST AUTHORIZATION (MTA)	(GTR)/MILITARY	
<ol> <li>Long distance telephone calls are certific necessary in the interest of the government</li> </ol>			a. GTR/MTA	NO.	b. FROM	c. TO	
APPROVING OFFICER			763339145		OMAHA / DOUGLAS NE	PACT CT LOUIS (cm cr	
(31 USC 1348(b))  21.a. CLAIMANT SIGNATURE	IGNATURE	b. DATE					
	b. DATE				CHERYL A DAVIS	04May1999	
23. ACCOUNTING CLASS					100	FUNDED	
24. COLLECTION DATA		· <del></del>					
25. COMPUTED BY 26. AUDITED BY 27.TRVL OF SHELIA DACQUISTO JUDITH MORGAN	D POSTED BY	28. RECEIV 1583			nd date or check no.	29. AMOUNT PAID \$133.73	

TRAVEL VOUCHER OR	SUBVOUCHER	TV NO:	: 1 AMEN	) NO: 0		
1. PAYMENT REQUIRED BY	2. TYPE OF PAYME	ENT			3. FOR DO USE	ONLY
CASH CHECK	X TDY/TAD	PCS	_		a. DO VOUCHER NO.	
ELECTRONIC FUND TRAN	SFER OTHER	MEMBER / EMPLOYEE	DEPE	IDENT(S) DLA		
4. NAME (Last, First, Mid THOMASON, PATTI	dle Initial) J	5. GRAD		Privacy Act Data	b. SUBVOUCHER NO.	· · · · · · · · · · · · · · · · · · ·
7. ADDRESS a.NUMBER AND S Privacy Act Information.	TREET b. CITY Privacy Act Info	ormation.	c.STATE	d.ZIP CODE	c. PAID BY	
8. TELEPHONE NUMBER 402-221-7690	9. TRAVEL ORDER NU 903997G6 22/	UMBER Apr1999	10.PREVIOUS	PAYMENTS/ADVANCES \$.00		
11. ORGANIZATION AND STAT	ION INDUSTRIAL HYGIENS		•			
12. DEPENDENT(S)	<u> </u>		13. DEPENDER	ITS' ADDRESS ON	1	l
ACCOMPANIED	UNACCOMPANIED					
SEE ATTACHED (IF APPLICAE	LE)		14.HOUSEHOLI	GOODS SHIPPED	1	
			YES	NO		·
15. ITINERARY			<u>l</u>		d. COMPUTATIONS	
DATE LOCAL TIME	PLACE	MODE REAS	DAILY NUM	BER OF MEALS POC	-	
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	DOUGLAS NE NEBRASKA	MC				
ARR DEP						
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DEP ARR						
16. REIMBURSABLE EXPENSES	;		·	17. LEAVE	e. SUMMARY OF PAYMEN	Ī
DATE b. NATURE OF EX	(PENSE	c. AMOUNT	b. ALLOWED	a. DAYS b. HOURS	(2) Actual Expense (3) Mileage	
28Apr1999 MILEAGE TO/FROM	1 AIRPORT	\$ 15.50		ļ	(4) Dependent Travel (5) DLA	
28Apr1999 PARKING FEES - 28Apr1999 LODGING TAXES	AIRPORT	\$ 16.00 \$ 7.23		C. TAKEN BETWEEN	(6) Reimbursable Exp (7) Total	ense
				d. AND	(8) Less Advance (9) Amount Owed	
					(10) Amount Due	
ļ <u>1</u>	INER/OPERATOR	x	PASSENGER	19. GOVERNMENT TI	RANSPORTATION REQUEST ON AUTHORIZATION (MTA)	(GTR)/MILITARY
20. Long distance telephonecessary in the inte	one calls are certified erest of the governmen			a. GTR/MTA NO.	b. FROM	c. TO
APPROVING OFFICER (31 USC 1348(b))				7633391459	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL
21.a. CLAIMANT SIGNATURE		b. DATE	E 22.a.	APPROVING OFFICER	-\$IGNATURE	b. PATE
	maxen_	4-30	.99	Chary as	Javes	1.5/4/99
23. ACCOUNTING CLASS	100	% FUNDED				
24. COLLECTION DATA		·	<del></del> -			
25. COMPUTED BY 26. AU	DITED BY 27.TRVL OR	D POSTED BY	28. RECEIVE	D(Payee signature	and date or check no.	) 29. AMOUNT PAID
· L			<u> </u>			

ALMEDA TYL OMAHA

BOCO RUOT

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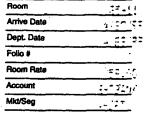
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## Holiday Inn

1607 Pontiac Drive Cahokia, IL 62206 (618) 332-2000 • Fax: (618) 332-3660

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ATI	Trumpoda	



72 APR 1499 To# 90399766

1. DATE OF REQUEST 22-APR-1999

OR RATING

GS12

6.PHONE NO.

(402) 221-7690

SITE

::72 .

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IONAL/MNGRIAL

The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X SIGNATURE

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CODE	REFER	RENCE ID		DESCRIPTION	CHARGE	PAYMENT		BALANCE
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NED CONVEYANCE (Check one)

to government

ment and per diem limited to of common carrier transportation iem as determined in JTR. Travel ndicated in JTR.

15.ADVANCE AUTHORIZED

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ions, excess baggage, etc.)

H TVL VOUCHER ER CONTRACT TO THE GOVE

'LT IN COLLECTION ACTION.

e and signature)
W MONZINGO G
22-APR-1999

MEMBER NAME

- CASE OF THE PROPERTY ADDRESS TO THANKER TO CARD MILES FOR PARTIENT

LISHMENT NO. & LOCATION

EXTRACTORUM TO CARD MILES FOR PARTIENT

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IEMBER'S SIGNATURE

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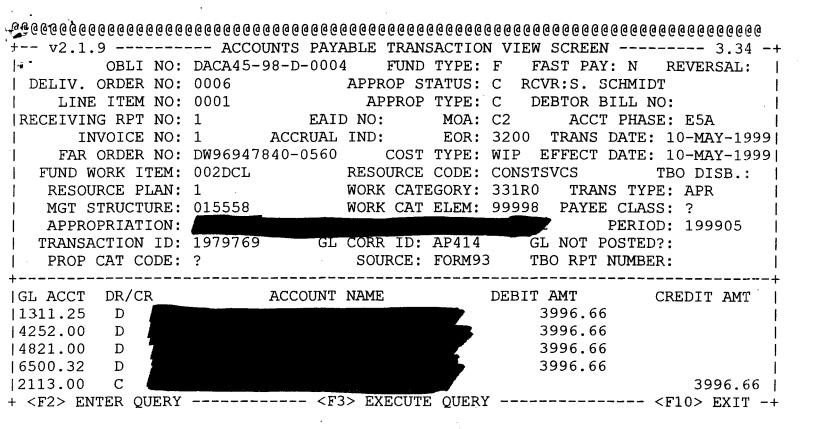
21.DATE ISSUED 22-APR-1999

22.TRAVEL ORDER NUMBER 903997G6

•		REQUEST A			R TDY TRAVEL O		NNE	EL		1. DATE OF REQUEST
41		Travel			cated in items		21			22-APR-1999
				F	REQUEST FOR OF	FICIAL TRAV	EL			· · · · · · · · · · · · · · · · · · ·
2.NAME	(Last, First,	Middle Ini	cial)	SSN		3.POSI	TIC	ON TITLE AND GRADE OR	RATI	NG
THOMASON,	PATTI J		*			INDUST	RIA	AL HYGIENIST		GS12
4.OFFICIAL		mrov.				5.ORGA	NIZ	CATIONAL ELEMENT	6.PH	ONE NO.
OMAHA, NE	HYGIENE SEC	TION				CENWO-	ED-	-GI	(402	) 221-7690
7.TYPE OF				8.SECU	RITY CLEARANCE			E OF TDY T SAUGET SUPERFUND S	ITE	
	NO. DAYS OF	TDV		h proce	EED O/A (DATE)					
	ding travel			į	27-APR-1999	CATEGO	RY	SITE VISIT-OPERATIO	NAL/M	NGRIAL
11.ITINERA	RY			Y V	ARIATION AUTHO	RIZED	-			
LEG: 1 OF 1 AMENDMENT NUMBER: 0 FROM: OMAHA / DOUGLAS NE NEBRASKA PROCEED ON 27-APR-1999 AT 800 HRS TO : EAST ST.LOUIS/ST.CLAIR IL ILLINOIS DEPART ON 28-APR-1999 AT 1800 HRS										
12.MODE OF TRANSPORTATION TP TRNSPN REQ - PLANE										
	COMMERCI	AL			GOVERNMENT			PRIVATELY OWNE	D CON	VEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	R	ATE PER MÍLE:		
نــن	DETERMINED Verseas Trav		IATE TRANSPO	ORTATION	OFFICER			constructive cost o	nt an of com	d per diem limited to mon carrier transportation determined in JTR. Travel
13.	X PER DIEM		D IN ACCORDA	NCE WITH	H JTR					. i
14.ESTIMAT	ED COST								j	15.ADVANCE AUTHORIZED
PER DIEM	\$110.00	TRAVEL	\$123.00	)	OTHER \$	50.00	7	TOTAL \$283.00		<b>\$.00</b>
MILEAGE TO IF TRIP IS OFFICIAL T RNMENT IS	ICLE AUTHORI AIRPORT FRO CANCELLED C RAVEL ARRANG NOT REIMBURS	ZED. THIS M RESIDENC R CHANGED, EMENTS PUR ABLE EXCEP	DOES NOT NEC E/OFFICE AND TRAVELER IS CHASED THROUT T AT LOCATION	GATE RI O RI S LIABLE JGH A COI ONS WHERI	EQ. TO USE AVA ETURN IS AUTHO FOR ISSUED/UN MMERCIAL TRAVE E THERE IS NO	ILABLE LIMO RIZED. USED TICKET L OFFICE (T CTO CONTRAC	SI SS ( SRAV	st-class accommodation of the control of the contro	TVL_V CONT	OUCHER RACT TO THE GOVE
/ELECTRONI	17.REQUESTING OFFICIAL (Title and signature)   18.APPROVING OFFICIAL (Title and signature)   /ELECTRONICALLY SIGNED BY/ TAMI B DITTMAR L SON   /ELECTRONICALLY SIGNED BY/ JOHN W MONZINGO G   INDUSTRIAL HYGIENIST 22-APR-1999   SUPERVISORY CIVIL ENGINEER 22-APR-1999									
					AUTHORI	ZATION				
19.ACCOUNT	ING CITATION					100%				
/ELECTRONI		BY/ DARLE OFFICE		and sign	-	OR AUTHENTI		ISTANT	····	ISSUED 22-APR-1999
9501 JOHN	GISTICS MANAGEMENT OFFICE OI JOHN J. PERSHING DR. OMAHA, NE68112 22.TRAVEL ORDER NUMBER 903997G6									

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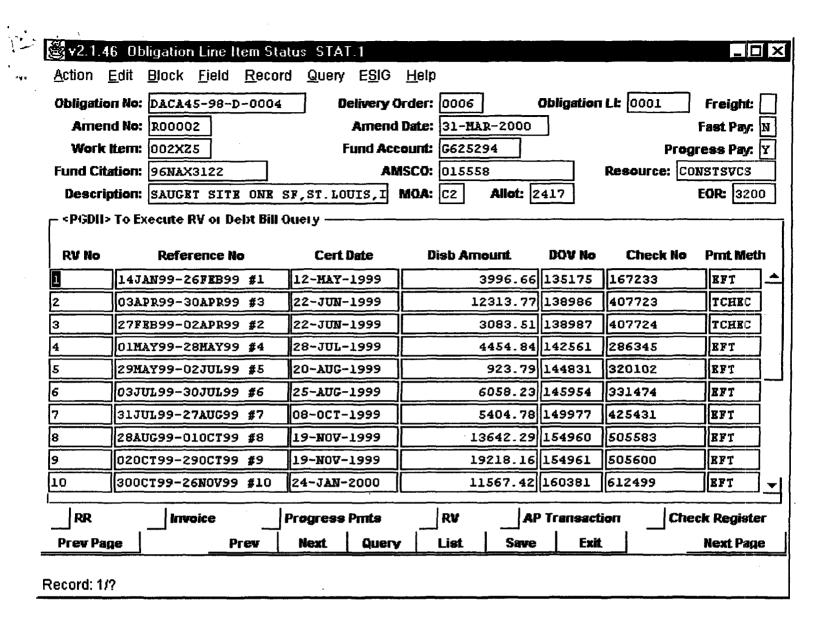
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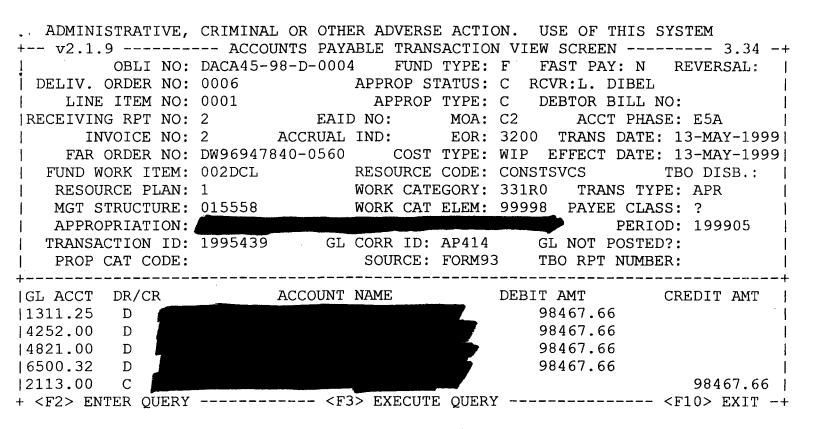
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inv Reference No				ount Days:	Percei	
	: 07-MAY-1999	<del></del>	<u> </u>		v Recv'd Dai	
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Prot Office II	): <u>1</u>	Release of Cla	ims: 💹	Notice	e To Procee	ed: Y
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SERVICES: COS	T-PLUS-FIXED-	-FEE SAUGET SI	TE Qty:			0
Qty Ordered:		0	Unit Price:			
Amt Ordered:	302158.2	28	iross Amt: 🔲	3996.	66	266932.86
Pay Estimate No:	1	Ret	ainage Pct: 🔲	. 00		
Total Estimates:	16	Retai	inage Amt:	-	00	. 00
		Other D	eductions:		00	.00
Program Mgr Sig	gnor	Retaina	ge Refund: 🗌			.00
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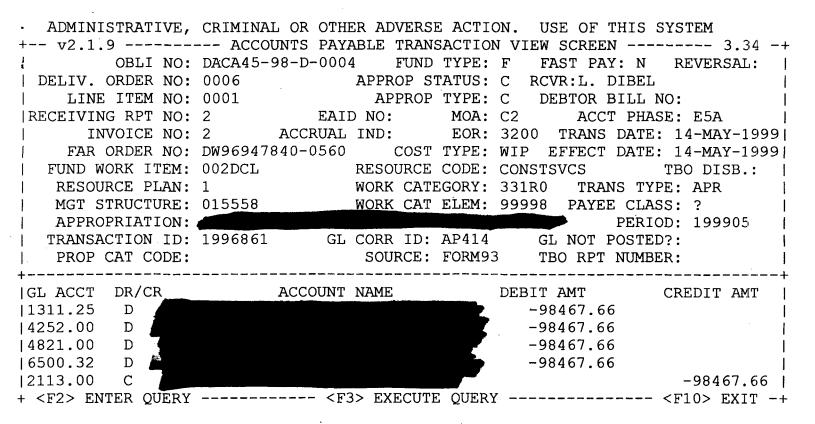
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Ch	eck Date	: 12-M	AY-1999	<b>ב</b>		Refe	rence No:	DACA45-98	3-D-0004	
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TRAVEL VOUCHER OR SUBVOUCHER	TV	NO:	1 AMI	END NO: 0				
1. PAYMENT REQUIRED BY 2. TYPE OF PAY	MENT					3. FOR DO USE	ONLY	
CASH X CHECK X TDY/TAD	PCS MEMBE		¬	Г		a. DO VOUCHER NO.	16535	
ELECTRONIC PUND TRANSFER OTHER	EMPLO	i_	<b>₊</b> -i	PENDENT (S)	DLA			
4. NAME (Last, First, Middle Initial)   BERAN, EMIL J		RADE 12	6. SSI	Privacy Ac	ct Data	b. SUBVOUCHER NO.		
7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act In	formation.		c.STAT	TE d.ZIP COL	DE	c. PAID BY 8736 26May1999		
8. TELEPHONE NUMBER 9. TRAVEL ORDER 402-221-7748 903994G6 2	NUMBER 2Apr1999	10.1	PREVIOU	JS PAYMENTS/ \$.00	/advances	USACE FINANCE CENTER	<b>t</b>	
11. ORGANIZATION AND STATION CHEMISTRY SECTIO	n							
12. DEPENDENT(S)								
ACCOMPANIED UNACCOMPANIE	LICABLE)							
SEE ATTACHED (IF APPLICABLE)		14.F	HOUSEHO	LD GOODS SH	HIPPED			
			YES	NO		d. COMPUTATIONS		
15. ITINERARY	<del></del>		<del></del>		1			
DATE LOCAL TIME PLACE	MODE RE	R LODG	ING -	MBER OF MEA	MILES	-		
1999   O4/27 DEP 0800 OMAHA / DOUGLAS NE NEBRASKA	TRVL ST	OP COS	SIS G	lov't Ded	1			
04/27 ARR 0917 EAST ST.LOUIS/ST.CLAIR IL IL 04/28 DEP 1707 EAST ST.LOUIS/ST.CLAIR IL IL	rij ju	TD 59.	.00					
04/28 ARR 1828 OMAHA / DOUGLAS NE NEBRASKA   DEP	1 1	ic						
ARR DEP		j	j		İ			
ARR DEP			į		İ			
ARR DEP								
ARR						e. SUMMARY OF PAYMEN		
16. REIMBURSABLE EXPENSES	c. AMOUNT		T T CAMED	17. LEAVE		(1) Per Diem \$102.23 (2) Actual Expense		
DATE   b. NATURE OF EXPENSE  28Apr1999   MILEAGE TO/FROM AIRPORT	\$ 14.8	_	TLOWED	a. DAYS	b. HOURS	<ul><li>(3) Mileage</li><li>(4) Dependent Travel</li><li>(5) DLA</li></ul>		
28Apr1999 PARKING FEES - AIRPORT 28Apr1999 LODGING TAXES	\$ 16.0	00		c. TAKEN	Between	(6) Reimbursable Exp (7) Total	ense \$30.80 \$133.03	
	  - 			d. AND		(8) Less Advance (9) Amount Owed (10) Amount Due	\$133.03	
18. POC TRAVEL: X OWNER/OPERATOR		PAS	SENGER			NSPORTATION REQUEST AUTHORIZATION (MTA)	(GTR)/MILITARY	
<ol> <li>Long distance telephone calls are certific necessary in the interest of the government</li> </ol>				a. GTR/	MTA NO.	b. FROM	c. TO	
APPROVING OFFICER (31 USC 1348(b))				763339	1458	OMAHA / DOUGLAS NE	EAST ST.LOUIS/ST.CL	
21.a. CLAIMANT SIGNATURE	b. D#	ATE		APPROVING	OFFICER S	i IGNATURE	b. DATE	
			/ELEC	TRONICALLY	SIGNED BY	/ DEL W CONNEALY	21May1999	
23. ACCOUNTING CLASS						100	FUNDED	
24. COLLECTION DATA								
25. COMPUTED BY 26. AUDITED BY 27.TRVL OF SHELIA DACQUISTO JUDITH MORGAN	ND POSTED I	BY 28.	RECEIV 3830			nd date or check no.) 26May1999	29. AMOUNT PAID \$133.03	

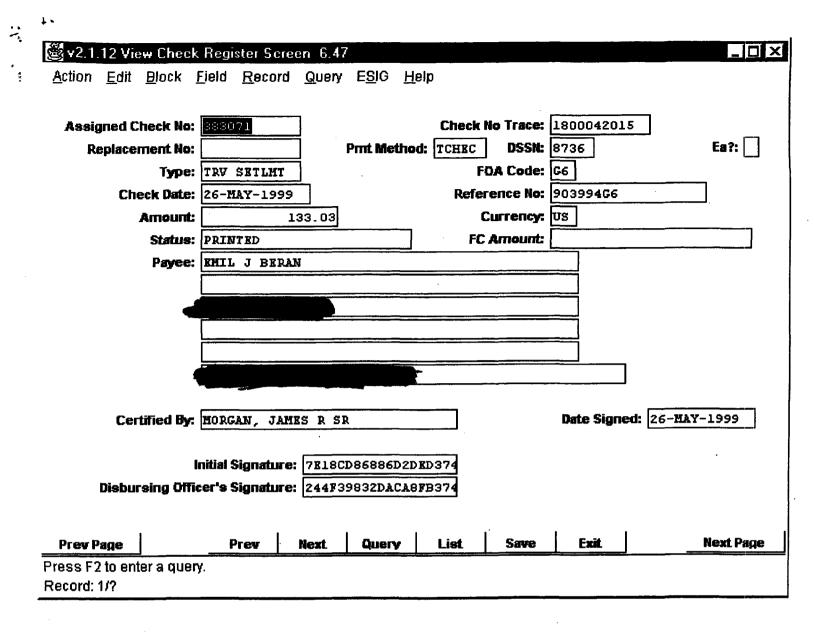
	REQUEST A			R TDY TRAVEL C		SON	INEL		1. DATE OF REQUEST
	Travel			cated in items		h 2	1		22-APR-1999
				request for of	FICIAL TE	AVE	:L		
2.NAME (Last,Fire	st,Middle Ini	tial)	SSN		3.PC	SIT	ION TITLE AND GRADE	OR RAT	ING
BERAN, EMIL J					CHEM	IST	•		GS12
4.OFFICIAL STATION CHEMISTRY SECTION					5.OR	GAN	IZATIONAL ELEMENT	6.P	HONE NO.
OMAHA, NE					CENW	O-E	D-GC	402	-221-7748
7.TYPE OF ORDERS			8.SECU	RITY CLEARANCE	1		SE OF TDY SIT SAUGET SUPERFUND	CTTP	
TEMPORARY DUTY						•	DIT DAUGET OUT MAT ONE	, 5112	
10a.APPROX NO. DAYS (Including trave			b.PROC	EED O/A (DATE)					
! -	2			27-APR-1999	CATE	GOR	Y SITE VISIT-OPERAT	CIONAL/	MNGRIAL
11.ITINERARY	· · · · · ·		ΥV	ARIATION AUTHO	RIZED				
LEG: 1 OF 1 AMENDA FROM: OMAHA / DOU			n ON 27-	ADR-1999 AT 8	PSH OO		•		
TO : EAST ST.LO						HRS			
12.MODE OF TRANSPORT	TATION	TP T	rnspn re	Q - PLANE					
COMME	CIAL			GOVERNMENT			PRIVATELY OW	NED CO	NVEYANCE (Check one)
RAIL AIR	BUS	SHIP	AIR	VEHICLE	SHIP		RATE PER MILE: 0.000		
<del> </del>	D BY APPROPR	TATE TRANSPO	DTATION	OPPICER	i	[	More advantageous	to go	vernment
(Overseas Tr						+		of con	nd per diem limited to mmon carrier transportation determined in JTR. Travel ed in JTR.
13. X PER DI	EM AUTHORIZE	D IN ACCORDA	NCE WIT	H JTR	<del> </del>				
OTHER RATE OF PER	DIEM(Specif	y)							
14.ESTIMATED COST									15.ADVANCE AUTHORIZED
PER DIEM	TRAVEL		· · · · · · · · · · · · · · · · · · ·	OTHER			TOTAL		
\$110.00	<u> </u>	\$123.00		i	50.00		\$283.00		\$.00
See Attached For Add	litional Rema	rks	•				·		excess baggage, etc.)
TRAVEL ADVANCE MUST		<del></del>			·				
17.REQUESTING OFFICE /ELECTRONICALLY SIGN CHEMIST	•	Fitle and si M JOHANSEN 22-APR-1	_	)	/ELECTRO	NICA	G OFFICIAL (Titl ALLY SIGNED BY/ JOHN CIVIL ENGINEER	W MONZ	signature) ZINGO 2-APR-1999
				AUTHORIZ	ZATION				
19.ACCOUNTING CITATI	ON				100%				
20.ORDER AUTHORIZING /ELECTRONICALLY SIGN LOGISTICS MANAGEMENT	ED BY/ DARLE	•	and sign		OR AUTHEN			21.DATE	S ISSUED 22-APR-1999
9501 JOHN J. PERSHIN	G DR.	OMAHA, NE681	.12				Į	22.TRAV	EL ORDER NUMBER 903994G6

ą		U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 22-APR-1999
NAME BERAN,	(Last, First) EMIL J		TRAVEL ORDER NUMBER 903994G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.



LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:46:48

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total

L21275 8.00 8.00 8.00 4.00 28.00 L27072 4.00 4.00 4.00 8.00 4.00 8.00 4.00 8.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

 L21275
 6.00
 8.00
 4.00
 18.00

 L27072
 1.00
 8.00
 8.00
 17.00

 L38740
 1.00
 4.00
 5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 80.00 HOL=

OVT=

ALV=

OLV=

NON=

SP-RATE-HRS=

00.00

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Y

Date: 27-DEC-2000

TIME: 11:46:48

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

BERAN E 80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:46 - SID G6CEFMP1 \*\*\*

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<sup>3</sup> certlabr.2.1.19 634 66

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:47:09

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED05

NAME: CONNEALY D

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D Hz 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total

B02584			0.50				0.50
B02584		4.00	3.00	3.00	2.00	2.00	14.00
L26606		4.00			4.00		8.00
L26688		:	2.00				2.00
L27037					2.00		2.00
L28958				4.00			4.00
L30411						2.00	2.00
L33458		;	3.00				3.00
L35492						4.00	4.00
L40143				1.00			1.00
+The sh	ONE BOURG HOPE DI POMINONITO	NITY CICNIED	ONT. 24	ו ממגם	000		

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

 B02584
 8.00
 6.00
 4.00
 4.00
 22.00

 L21275
 4.00
 4.00
 4.00

 L26481
 8.00
 8.00
 8.00

 L29026
 2.00
 2.00

 L29772
 4.00
 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.50 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.50

REG= 80.50 HOL=

L= OVT=

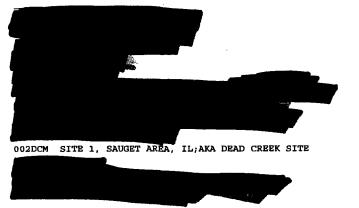
ALV=

OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:



LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:47:09

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE CONNEALY D REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.50

\*\*\* END OF REPORT - 27-DEC-2000 - 11:47 - SID G6CEFMP1 \*\*\*

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4.

LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000 TIME: 11:47:27

Page: 1

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total

L21275		8,00	8.00	4.00	2.00	22.00
L36928	7.25			4.00		11.25
L38740					6.00	6.00
LEAVE	0.75					0.75

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

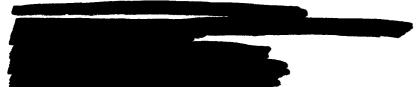
		· · · · · · · · · · · · · · · · ·			_		
B02584			1.00				1.00
L21275						8.00	8.00
L27782			6.00	8.00	4.50		18.50
L32482	and the second				2.00		2.00
L33120					1.00		1.00
L38740						8.00	8.00
LEAVE			1.00		0.50		1.50

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

REG= 77.75 HOL= OVT= ALV= 2.25 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:



LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:47:27

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:47 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:46:26

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J

SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 05/08/1999

PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total CODE ITEM

8.00 B00594 4.00 12.00 B00667 8.00 8.00 L35672 8.00 8.00 4.00 20,.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

6.00 6.00 6.00 18.00 B00594 L35672 1.00 1.00 L35672 2.00 2.00 2.00 8.00 8.00 22.00

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

OLV=

Employee Totals:

8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 9.00 8.00 81.00

REG= 80.00 HOL= OVT= 1.00 ALV=

NON =

\*

SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

81.00 Y

Date: 27-DEC-2000

TIME: 11:46:26

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 11:46 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:45:08

18.00

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

B00594

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total

 8.00
 4.00

 8.00
 8.00

 8.00
 8.00

 8.00
 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

6.00 6.00 6.00

 L35672
 1.00
 1.00

 L35672
 2.00
 2.00
 2.00
 8.00
 8.00
 22.00

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

pcertlabr.2.1.19 631
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LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:46:08

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 81.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:46 - SID G6CEFMP1 \*\*\*

\*

G6 LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:47:47

88.00

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 05/22/1999 PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 05/09 05/10 05/11 05/12 05/13 05/14 05/15 05/16 05/17 05/18 05/19 05/20 05/21 05/22 Total

L21275 8.00 8.00 8.00 24.00 L27072 4.00 8.00 12.00

L38740 4.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 14-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

 L27072
 2.00

 L27072
 6.00

L27072 8.00 8.00 8.00 4.00 4.00 32.00 L38740 4.00 4.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00

00 8.00 8.00 8.00 8.00 6.00 10.00 8.00 8.00 B.00

REG= 88.00 HOL= OVT= ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

BERAN E

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 11:47:47

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

88.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:47 - SID G6CEFMP1 \*\*\*

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certlabr.2.1.19 638 . G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:48:28

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 05/22/1999 PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 05/09 05/10 05/11 05/12 05/13 05/14 05/15 05/16 05/17 05/18 05/19 05/20 05/21 05/22 Total 

L09056					4.00	4.00
L21275	7.50		4.00			11.50
L27072					4.00	4.00
L27782		6.00			,	6.00
L38740				4.00	•	4.00
L43177		2.00	4.00	4.00		10.00
LEAVE	0.50					0.50

\*The above hours were ELECTRONICALLY SIGNED ON: 17-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

L09056		6.00			6.00
L27072			3.00		3.00
L32565	7.0	00	1.00		8.00
L35735			1.00		1.00
L38740			2.00		2.00
L43177	7.00	0.75			7.75
L44123			1.00	7.00	8.00
LEAVE	1.00 1.00	00 1.25		1.00	4.25

\*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 75.25 HOL=

OVT= ALV= 4.75 OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

certlabr.2.1.19 638 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 11:48:28

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P

4

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

\*\*\* E N D O F R E P O R T - 27-DEC-2000 - 11:48 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1 Date: 27-DEC-2000

TIME: 11:48:08

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

496

74 SUPERVISOR: ED05

NAME: CONNEALY D

FLSA: E CUTOFF DATE IS: 05/22/1999 PAY PERIOD ENDING: 05/22/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 05/09 05/10 05/11 05/12 05/13 05/14 05/15 05/16 05/17 05/18 05/19 05/20 05/21 05/22 Total 

B02584		2.00	4.00	8.00	2.00	2.00	18.00
L21275		2.00					2.00
L26606			4.00				4.00
L29000		4.00					4.00
L32330					6.00	•	6.00
L33120						3.00	3.00
L34645						3.00	3.00
+The she	TO house Home PI POTDONICALI	V CTON	PD ON. 1	7_MAV_1	000		

\*The above hours were ELECTRONICALLY SIGNED ON: 17-MAY-1999

		BY:	MONZINGO,	JOHN W	JOB	TITLE:	SUPERVISORY C	CVIL ENG	GINEER			
B02584							4.00	3.00	5.00	4.00	6.00	22.00
B05284								•		4.00		4.00
L22996	Mrs.										2.00	2.00
L26606			•				4.00					4.00
L26622									3.00			3.00
L42633								5.00				5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 80.00 HOL=

OVT=

ALV=

OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:



*ge*rtlabr.2.1.19 637 ↓ G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 11:43:08

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED05

FOR TIMEKEEPER: 74

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE CONNEALY D

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL
80.00

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:48 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000

Page: 1

TIME: 11:48:53

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 05/22/1999 PAY PERIOD ENDING: 05/22/1999 

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 05/09 05/10 05/11 05/12 05/13 05/14 05/15 05/16 05/17 05/18 05/19 05/20 05/21 05/22 Total 

B00594 4.00 4.00 4.00 4.00 5.50 L35672 4.00 4.00 4.00 4.00 L42136

8.00 6.00 6.00 4.00 4.00 20.00 2.00 2.00 4.00 8.00

4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 24-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

2.50

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

LEAVE

REG=

OVT=

ALV=

6.50 OLV=

NON=

SP-RATE-HRS=

45.50

6.50

FOR THESE WORK ITEMS:

73.50 HOL=

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:48:53

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/09/1999

LABOR-COST TO : 05/22/1999

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00 Y

Y

CERTIFIED

\*\*\* END OF REPORT - 27-DEC-2000 - 11:48 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

36

## LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:49:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: NAME: GOUGER T 1J

SUPERVISOR: CD17

FLSA: E CUTOFF DATE IS: 06/05/1999

PAY PERIOD ENDING: 06/05/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 05/23 05/24 05/25 05/26 05/27 05/28 05/29 05/30 05/31 06/01 06/02 06/03 06/04 06/05 Total \*

2.00 7.00 4.00 4.00 B00594 17.00 1.00 L35672 4.00 5.00 4.00 4.00 8.00 LEAVE 16.00 8.00 LEAVE 8.00 LEAVE 2.00 2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 28-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

B00594 8.00 5.50 7.00 5.50 26.00 LEAVE 1.00 2.50 3.50 LEAVE 2.50 2.50

\*The above hours were ELECTRONICALLY SIGNED ON: 07-JUN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 48.00 HOL= OVT=

ALV= 19.50 OLV=

NON= 12.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

∘ G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:49:25

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 05/23/1999

LABOR-COST TO : 06/05/1999

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:49 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:31:48

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999 FLSA: E

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total

8.00 8.00 4.00 L21275 22.00 4.00 7.25 L36928 11.25 L38740 6.00 6.00 LEAVE 0.75 0.75 \*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

2.00

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

1.00 B02584 1.00 8.00 L21275 8.00 6.00 8.00 4.50 L27782 18.50 L32482 2.00 2.00 L33120 1.00 1.00 L38740 8.00 8.00 LEAVE 1.00 0.50 1.50

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

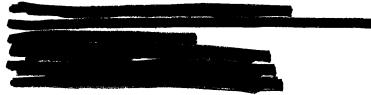
8.00 8.00 8.00 8.00 8.00 80.00

REG= 77.75 HOL= ovT≔

ALV= 2.25 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:



\* \* \* Certlabr.2.1.19 630

LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000

TIME: 11:31:48

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

THOMASON P

\*\*\* END OF REPORT - 27-DEC-2000 - 11:31 - SID G6CEFMP1 \*\*\*

\*

CIC #: 99EPA SUPERFUND VOLICHER FOR TRANSFERS PAGE NO. 001 BILLED DATE 03-MAY-1999 BETWEEN APPROPRIATIONS AND/OR FUNDS ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 D.O. VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOIL NO 28012754 PARTIAL # 7 01-APR-1999 THRU 03-MAY-1999 BILLED OFFICE (MAIL TO): BILLING OFFICE (SEND REMITTANCE TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE MS 002 C O USACE FINANCE CENTER 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATIN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION NA 68 20 X 8145,0000 \$9.518.35 96 NA X \$9.518.35 LINE ITEM MOA DESCRIPTION 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 INHOUSE - OTHER RESOURCES 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR SUBTOTAL

PAYMENT DUE DATE 02-JUN-1999

PARTIAL AMOUNT PAID

PAY THIS AMOUNT

\$9,518.35

\$.00

CERTIFICATE OF OFFICE BILLED FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, TOTAL BILLED AMOUNT: \$34,426.50 PREVIOUS BILLED AMOUNT: OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. \$24,908.15 CURRENT BILLED AMOUNT: \$9,518.35 TOTAL FLUX BILLED: \$.00 DATE \$.00 PREVIOUS FLUX BILLED: AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080 cuort1.2.1.14 474

DW96947840-0560

CUSTOMER ORDER:

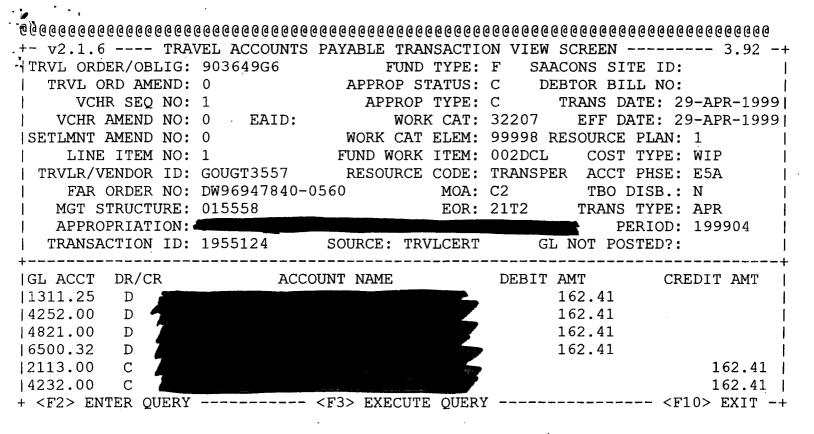
TRANSACTION LISTING

Date: 19-DEC-2001 OMAHA DISTRICT ACCOUNTING PERIOD: 04-1999

ransaction Date 9-APR-1999	PR&C W59XQG90981001	Obligation 903649G6	Del NA	Order	No	Emp ID	Line Item	Resource Co	ode Accrual	Ind	Tot
						SUBTOTA	L COST:	•			\$
HOUSE - OTHER R	ESOURCES										
ansaction Date -APR-1999	PR&C W59XQG90475615	Obligation	Del	Order	No	Emp ID	Line Item	Resource Co	ode Accrual	Ind	Tot
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NHOUSE - LABOR											
cansaction Date	Charge Code	Work Date	Emp	ID	No	of Hours	Туре	Labor \$ .	G&A \$	Indirect \$	Tot
-APR-1999	L21275	30-MAR-1999									\$
2-APR-1999	L21275	30-MAR-1999	9								\$
2-APR-1999 2-APR-1999	L21275 L35672	06-APR-1999 05-APR-1999									\$
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5-APR-1999	L35672	22-APR-1999	4								\$
6-APR-1999	L42453	19-APR-1999	7								\$
5-APR-1999	L21275	23-APR-1999	7							41.	\$
0-APR-1999	L21275	29-APR-1999								***	\$1,
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\*\*\*\*\*\*\*\*\*\*\*\* \*\*\* E N D O F R E P O R T - 19-DEC-2001 - 14:15 - SID G6CEFMP1 \*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Page: 1



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Count: 6

TRAVEL VOUCHER OR SUBVOUCHER	TV NO	D: 1 A	MEND NO: 0					
1. PAYMENT REQUIRED BY 2. TYPE OF	PAYMENT				3. FOR DO USE	ONLY		
CASH CHECK X TDY/TAI	PCS MEMBER	/		_	a. DO VOUCHER NO.	12924		
X ELECTRONIC FUND TRANSFER OTHER	EMPLOYE		ependent (S)	DLA	00001			
4. NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P	5. GR		Privacy Act I	Data	b. Subvoucher No.			
7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy Act	Information.	c.ST	ATE d.ZIP CODE		C. PAID BY 8736 04May1999 USACE FINANCE CENTER			
8. TELEPHONE NUMBER 9. TRAVEL ORDI 402-293-2514 903649G6	R NUMBER 08Apr1999	10.PREVIO	OUS PAYMENTS/ADV	VANCES				
11. ORGANIZATION AND STATION RAPID RESPONSE	RESIDENT O				,			
12. DEPENDENT(S)		13. DEPEN	DENTS' ADDRESS	ON				
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SEE ATTACHED (IF APPLICABLE)		14. HOUSER	HOLD GOODS SHIPE	PED				
		YES	NO		d. COMPUTATIONS			
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DATE LOCAL TIME PLACE	MODE   REAS   OF   FOR	LODGING -	TUMBER OF MEALS	POC MILES				
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04/27 DEP  0700  OMAHA / DOUGLAS NE NEBRASE  04/27 ARR  0920  ST LOUIS MO MISSOURI  04/28 DEP  1420  ST LOUIS MO MISSOURI	A   TP     TD	59.00						
04/28 ARR 1630 OMAHA / DOUGLAS NE NEBRASE	1							
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16. REIMBURSABLE EXPENSES			17. LEAVE		(1) Per Diem \$135.23 (2) Actual Expense			
DATE   b. NATURE OF EXPENSE	c. AMOUNT	b. ALLOWE	D a. DAYS b.	HOURS	<ul><li>(3) Mileage</li><li>(4) Dependent Travel</li></ul>			
28Apr1999 CREDIT CARD ATM FEE 28Apr1999 MILEAGE TO/FROM AIRPORT	\$ 1.88 \$ 9.30	7	c. TAKEN BET	WEEN	(5) DLA (6) Reimbursable Exp			
28Apr1999 PARKING FEES - AIRPORT 28Apr1999 LODGING TAXES	\$ 16.00 \$ 7.23				(7) Total (8) Less Advance	\$162.41   		
			d. AND		(9) Amount Owed (10) Amount Due	\$162.41		
18. POC TRAVEL: OWNER/OPERATOR		PASSENGE			NSPORTATION REQUEST AUTHORIZATION (MTA)	(GTR)/MILITARY		
<ol> <li>Long distance telephone calls are certi necessary in the interest of the govern</li> </ol>			a. GTR/MTA	NO.	b. FROM	c. TO		
APPROVING OFFICER								
(31 USC 1348(b))	lh Dami	n lan -	763339141		OMAHA / DOUGLAS NEB	<u> </u>		
21.a. CLAIMANT SIGNATURE	b. DAT		. APPROVING OFF CTRONICALLY SIG		/ JEROME M WOODS	b. DATE 29Apr1999		
23. ACCOUNTING CLASS					100 5	FUNDED		
24. COLLECTION DATA								
25. COMPUTED BY 26. AUDITED BY 27.TRVL SHELIA DACQUISTO JUDITH MORGAN	ORD POSTED BY	28. RECEI			nd date or check no.) 04May1999	29. AMOUNT PAID \$162.41		

	·	TRAVEL VO	UCHER OR						PAGE NO	2		
LAST 1	LAST NAME- FIRST NAME- MIDDLE INITIAL GOUGER, TIMOTHY P 903649G6 1 0											
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1607 Pontiac Drive Cahokia, IL 62206 (618) 332-2000 • Fax: (618) 332-3660

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Arrive Date	4,757 - 77
Dept. Date	4,/28,/57
Folio #	į,
Room Rate	\$5.50
Account	2-3F464.
Mkt/Seg	40.00

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The management is not responsible for any valuables not secured in safety deposit boxes provided at the front office. I agree that my liability for the charges is not weived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of such charges.

X SIGNATURE

DATE COD	E REFE	RENCE		DESCRIPTION	CHARGE	PAYMENT		BALANCE
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CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT TO CARD SELECT TO TRANSPORT TO CARD SELECT FOR PAYMENT

CARD MEMBER'S SIGNATURE

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PASSENGER RECEIPT

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ARC CURXX SSUED TRANS WORLD AIRLINES X-XXXX NE USZIAPR99 ONA ALMEDA TVL OMAHA FC, SERVICIONI D FROM THE THIRD Y 27APRYCA NOT WILD BEFORE NOT WILD AFTER GOUGER/TIMOTHY \*\*\*TRANSPORTATION\* Ø74876 /FCOMA TW STL5 3.70 TW OMA53.70YCA 107.40 END ZPOMA2STL2 XFSTL3 ΧF NOT VALID FOR TRAVEL 0 015 7633391413 1 Ø Ø15 7633391413 1 123.00 AA28926122

		_	(Reference	: Joint	R TDY TRAVEL O	tions)				1. DATE OF REQUEST	
		Travel	Authorized		cated in items					24-AUG-1999	
					REQUEST FOR OF						
2.NAME	(Last, First	,Middle Ini	tial)	SSN		3	. POSIT	TION TITLE AND GRADE	? OR RATI	ING	
GOUGER, TI	MOTHY P	<del> </del>				- E	NVIRON	MENTAL ENGINEER		GS12	
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12.MODE OF	TRANSPORTA	rion	TP TI	RNSPN RE(	Q - PLANE					<del></del>	
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AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER  (Overseas Travel only)  (Overseas Travel only)  More advantageous to government  Mileage reimbursement and per diem limited to  constructive cost of common carrier transportati  and related per diem as determined in JTR. Travelime limited as indicated in JTR.									d per diem limited to mon carrier transportation determined in JTR. Travel		
13. OTHER R	X PER DIEM		D IN ACCORDA	ANCE WITH	i JTR						
14.ESTIMAT	ED COST									15.ADVANCE AUTHORIZED	
PER DIEM	\$224.00	TRAVEL	\$173.00	)	OTHER \$20	.00.00	TOTAL \$597.00			\$.00	
16.REMARKS See Attach	(Use t ed For Addit			requirem	ments, leave, s	superio	or or	lst-class accommoda	tions, e	xcess baggage, etc.)	
TRAVEL ADV	ANCE MUST BE	SETTLED WI	THIN 5 DAYS	OF COME	LETION OF TRAV	VEL. FA	LURE	TO DO SO WILL RESU	LT IN CO	LLECTION ACTION.	
/ELECTRONI	17.REQUESTING OFFICIAL (Title and signature)  /ELECTRONICALLY SIGNED BY/ MARILYN B MIKULA  PRANSPORTATION ASSISTANT (FLEE 24-AUG-1999  TRANSPORTATION ASSISTANT (FLEE 24-AUG-1999									MIKULA	
					AUTHORI	ZATION					
19.ACCOUNT	ING CITATION	7				100%	-				
/ELECTRONI LOGISTICS	UTHORIZING C CALLY SIGNED MANAGEMENT C J. PERSHING	BY/ MARILY OFFICE		and sign	•	OR AUTH		ATION SISTANT (FLEE	<b></b>	ISSUED 24-AUG-1999 BL ORDER NUMBER	
			MAHA, NE681	.12					)	903649G6	

U.S. ARMY CORPS OF ENGINEERS	DATE ISSUED
REQUEST FOR OFFICIAL TRAVEL	24-AUG-1999
NAME (Last, First)	TRAVEL ORDER NUMBER
GOUGER, TIMOTHY P	903649G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OPFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

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2 . NAME	(Last, First,	Middle Ini	tial)	SSN		İ			ON TITLE AND GRADE	OR RATI		
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U.S. ARMY CORPS OF ENGINEERS	DATE ISSUED
REQUEST FOR OFFICIAL TRAVEL	08-APR-1999
NAME (Last, First)	TRAVEL ORDER NUMBER
GOUGER, TIMOTHY P	903649G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT

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LABOR COST REPORT WITH CERTIFICATION

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Date: 27-DEC-2000

TIME: 11:27:44

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 04/10/1999 PAY PERIOD ENDING: 04/10/1999 \*

CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 03/28 03/29 03/30 03/31 04/01 04/02 04/03 04/04 04/05 04/06 04/07 04/08 04/09 04/10 Total 1.00 B02584 1.00 2.00 B04804 3.00 3.00 L10445 4.25 4.25 L21275 6.00 2.00 8.00 L26143 3.00 3.00 8.00 1.00 L32246 3.75 12.75 L32424 2.00 1.00 3.00 L34691 2.50 2.50 L37720 3.00 2.00 5.00 L38740 0.50 0.50 L38740 4.00 3.25 4.00 11.25 L38767 4.00 4.00 4.00 1.40023 2.00 2.00 L40354 4.00 4.00 LEAVE 0.75 8.00 0.75 1.00 1.50 1.25 13.25

\*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals: 8.00 8.00 8.00 8.50 8.00 8.00 8.00 8.00 8.00 8.00 80.50

67.25 HOL=

OVT=

ALV= 13.25 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:





LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.50

Date: 27-DEC-2000

TIME: 11:27:44

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

THOMASON P

5

\*\*\* E N D O F R E P O R T - 27-DEC-2000 - 11:27 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:27:24

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 04/10/1999 PAY PERIOD ENDING: 04/10/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/28 03/29 03/30 03/31 04/01 04/02 04/03 04/04 04/05 04/06 04/07 04/08 04/09 04/10 Total 

4.00 2.00 1,21275 6.00

L29941 2.00 2.00 L38740 4.00 6.00 8.00 8.00 6.00 8.00 8.00 8.00 8.00 72.00

\*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

80.00 HOL=

OVT=

ALV=

OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

certlabr.2.1.19 617 ₹**G**6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000 TIME: 11:27:24

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25 FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\* END OF REPORT - 27-DEC-2000 - 11:27 - SID G6CEPMP1 \*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*

BERAN E

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:28:02

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

66

FLSA: E CUTOFF DATE IS: 04/10/1999 PAY PERIOD ENDING: 04/10/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/28 03/29 03/30 03/31 04/01 04/02 04/03 04/04 04/05 04/06 04/07 04/08 04/09 04/10 Total

	,										
B02584	1.0	3		1.00							2.00
B04804										3.00	3.00
L10445	4.2	5									4.25
L21275		6.00					2.00				8.00
L26143				3.00							3.00
L32246			8.00					1.00		3.75	12.75
L32424							2.00	1.00			3.00
L34691									2.50		2.50
L37720	•						3.00	2.00			5.00
L38740				0.50							0.50
L38740				4.00		3.25			4.00		11.25
L38767			,					4.00			4.00
L40023	2.00	2.00									4.00
L40354						4.00					4.00
LEAVE	0.79	i			8.00	0.75	1.00		1.50	1.25	13.25

\*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.50 8.00

8.00 8.00 8.00 8.00

80.50

REG= 67.25 HOL=

OVT=

ALV= 13.25 OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:



\_\_Certlabr.2.1.19 619 . G6

LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000

TIME: 11:28:02

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE

THOMASON P

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.50

CERTIFIED

\*\*\* END OF REPORT - 27-DEC-2000 - 11:28 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:28:39

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 04/10/1999

PAY PERIOD ENDING: 04/10/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/28 03/29 03/30 03/31 04/01 04/02 04/03 04/04 04/05 04/06 04/07 04/08 04/09 04/10 Total

B00594 L35672

6.00 5.00 5.00 6.00 6.00 2.00 3.00 3.00 2.00 2.00 6.00 8.00 8.00 6.50 8.00

1.50

64.50 14.00

1.50

LEAVE \*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 78.50 HOL=

OVT=

ALV=

OLV=

NON= 1.50

2.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 11:28:39

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

80.00

GOUGER T

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:28 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:28:20

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 04/10/1999 PAY PERIOD ENDING: 04/10/1999

1.50

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/28 03/29 03/30 03/31 04/01 04/02 04/03 04/04 04/05 04/06 04/07 04/08 04/09 04/10 Total 

B00594 6.00 5.00 5.00 6.00 6.00 6.00 8.00 8.00 6.50 8.00 64.50 2.00 3.00 3.00 2.00 2.00 L35672 2.00 14.00

LEAVE \*The above hours were ELECTRONICALLY SIGNED ON: 12-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

8.00 8.00 8.00 8.00 8.00 Employee Totals: 8.00 8.00 8.00 8.00 8.00 80.00

78.50 HOL=

OVT=

ALV=

OLV=

NON= 1.50 SP-RATE-HRS=

1.50

FOR THESE WORK ITEMS:

, රertlabr.2.1.19 620

LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000

80.00

TIME: 11:28:20

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/28/1999

LABOR-COST TO : 04/10/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

GOUGER T

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:28 - SID G6CEFMP1 \*\*\*

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certlabr.2.1.19 622 Ġ6

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:29:02

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

L21275

FLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total 

4.00

L38740 8.00 4.00 8.00 8.00 4.00 \*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

L21275 -2.00 2.00 2.00 6.00 4.00 12.00 L38740 8.00 6.00 4.00 2.00 4.00 24.00

LEAVE 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

4.00

8.00 8.00 8.00 8.00

80.00

8.00

32.00

REG= 76.00 HOL≈ OVT=

ALV= 4.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

certlabr.2.1.19 622 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:29:02

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

BERAN E

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:29:02

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

ĞS

74 SUPERVISOR: ED25

NAME:BERAN E

L38740

PLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total

L21275 4.00 4.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

L21275 -2.00 2.00 6.00 4.00 12.00 L38740 8.00 6.00 4.00 2.00 4.00 24.00 LEAVE

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 4.00 8.00 8.00 4.00

8.00 8.00 8.00 8.00 8.00

80.00

EG= 76.00 HOL=

= OVT=

ALV= 4.00 OLV=

NON=

SP-RATE-HRS=

80.00

32.00

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:29:02

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

employee beran e

4

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:29:23

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION SUPERVISOR: ED26 TIMEKEEPER: 59

NAME: THOMASON P

L21275

L25985

66

FLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total

B02584 8.00 8.00 L21275 2.00 2.00 1.00 L32246 1.00 L34691 2.00 2.00 L37720 1.00 1.00 L38740 2.00 8.00 4.00 14.00 LEAVE 8.00 8.00 LEAVE 4.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST 4.00 8.00 12.00 3.00 3.00

8.00 L36928 8.00 8.00 1.00 8.00 L38740 17.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST 

8.00 8.00 8.00 8.00 Employee Totals: 8.00 8.00 8.00 8.00 8.00 80.00

68.00 HOL= OVT= ALV= 8.00 OLV≈ NON= 4.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

certlabr.2.1.19 623 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:29:23

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 11:29 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:30:50

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total

B02584		8.00		B.00
L21275		****	2.00	2.00
DZ12/3			2.00	2.00
L32246			1.00	1.00
L34691	2.00			2.00
L37720			1.00	1.00
L38740	2.00	8.00	4.00	14.00
LEAVE	8.00			8.00
LEAVE	4.00			4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.

8.00 8.00 8.00 8.00

80.00

REG= 68.00 HOL= OVT= ALV= 8.00 OLV= NON= 4.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:30:50

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED
80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 11:30 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:30:09

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKERPER: NAME: GOUGER T

1J SUPERVISOR: CD17

FLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total 

B00594 2.50 2.00 2.00 0.50 1.00 1.00 1.00 10.00 B00594 8.00 8.00 8.00 8.00 3.00 8.00 43.00 L35672 1.00 1.00 1.00 1.00 4.00 L39958 8.00 8.00 8.00 8.00 32.00 LEAVE 5.00 5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

9.50 10.00 10.00 10.00 8.00 10.50 10.00 10.00 8.00 8.00 94.00

OLV= NON= REG= 75.00 HOL= OVT= 14.00 ALV= 5.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

Employee Totals:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:30:09

CERTIFIED

94.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17 FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE

.G6

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

GOUGER T

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:30 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:29:50

ORGANIZATION TITLE: CONTRACT ADMINISTRATION BRANCH

TIMEKEEPER:

13 SUPERVISOR: CD06

NAME:SANDERS V

FLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total 

B00556 1.00 7.00 8.00 3.00 7.00 8.00 8.00 7.50 49.50 B00557 4.50 5.50 10.00 B00558 8.00 2.00 10.00 L42453 5.00 5.00 1.50 1.50 1.00 LEAVE 1.00 0.50 5.50

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: OLSEN, JAMES L JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 74.50 HOL= OVT=

5.50 OLV= ALV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

002XZ5 SITE 1, SAUGET; CONSTR ORDERING NO.

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 11:29:50

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD06
FOR TIMEKEEPER: 13

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

SANDERS V

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED 80.00 Y

\*\*\* E N D O F R E P O R T - 27-DEC-2000 - 11:29 - SID G6CEFMP1 \*\*\*

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:06

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:30:26

8.00

32.00

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

Ļ21275 💣

L21275

FLSA: E CUTOFF DATE IS: 04/24/1999 PAY PERIOD ENDING: 04/24/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/11 04/12 04/13 04/14 04/15 04/16 04/17 04/18 04/19 04/20 04/21 04/22 04/23 04/24 Total 

4.00

8.00 4.00 8.00 8.00 4.00 \*The above hours were ELECTRONICALLY SIGNED ON: 19-APR-1999

4.00

BY: WATSON, MICHAEL S JOB TITLE: CHEMIST

-2.00 2.00 2.00 6.00 4.00 12.00

8.00 6.00 4.00 2.00 4.00 L38740 24.00 LEAVE 2.00 2.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

\*

8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00 Employee Totals:

REG= 76.00 HOL= OVT= ALV= 4.00 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:30:26

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/11/1999

LABOR-COST TO : 04/24/1999

EMPLOYEE COUNT = 1

EMPLOYEE BERAN E

∽ \$6

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00 Y

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\*\*\* END OF REPORT - 27-DEC-2000 - 11:30 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1 Date: 27-DEC-2000

TIME: 11:31:25

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

**G6** 

74

SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total \*\*\*\*\*\*\*

L21275 🛶 8.00 8.00 8.00 4.00 28.00 L27072 4.00 4.00 L38740 4.00 4.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275 6.00 8.00 4.00 18.00 L27072 1.00 8.00 8.00 17.00 1.00 L38740 4.00 5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG=

OVT=

ALV=

OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

80.00 HOL=

certlabr.2.1.19 629 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:31:25

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25 FOR TIMEKEEPER: 74

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE BERAN E

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* \*\*\* END OF REPORT - 27-DEC-2000 - 11:31 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

66

## LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

18.00

81.00

TIME: 11:31:07

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER:

B00594

SUPERVISOR: CD17 1J

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 05/08/1999 PAY PERIOD ENDING: 05/08/1999 

CHARGE WORK HRS SH N EV

CODE TYP CD D HZ 04/25 04/26 04/27 04/28 04/29 04/30 05/01 05/02 05/03 05/04 05/05 05/06 05/07 05/08 Total ITEM 

B00594 8.00 4.00 12.00 B00667 8.00 L35672 8.00 8.00 4.00 20.00

\*The above hours were ELECTRONICALLY SIGNED ON: 30-APR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

6.00 6.00 6.00

8.00 8.00 8.00 9.00 8.00

L35672 1.00 1.00 L35672 2.00 2.00 2.00 8.00 8.00 22.00

\*The above hours were ELECTRONICALLY SIGNED ON: 10-MAY-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

8.00 8.00 8.00 8.00 8.00

REG= 80.00 HOL= OVT= 1.00 ALV= OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

Employee Totals:

certlabr.2.1.19 628 • G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 11:31:07

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 04/25/1999

LABOR-COST TO : 05/08/1999

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 81.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:31 - SID G6CEFMP1 \*\*\*

VOUCHER FOR TRANSFERS PAGE NO. 001 CIC #: 99EPA SUPERFUND BETWEEN APPROPRIATIONS AND/OR FUNDS BILLED DATE 01-APR-1999 CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. D.O. VOUCHER NO. 28011930

PARTIAL #

BILLED OFFICE (MAIL TO):

CINCINNATI FINANCIAL MGMT CENTER ENVIRONMENTAL PROTECTION AGENCY ACCOUNTING OPERATIONS OFFICE MS 002 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 ATTN

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER USAED OMAHA G6 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER

6 01-MAR-1999 THRU 01-APR-1999

MILLINGTON TN 38054-5005

BILLED ACCOUNTING CLASSIFICATION

68 20 X 8145.0000

LINE ITEM

MOA

000001 CONTRACT - OUTSIDE GOVERNMENT

000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR

\$6,354.96 DESCRIPTION

BILLING ACCOUNTING CLASSIFICATION

SUBTOTAL

ACCOUNTS OF

PARTIAL AMOUNT PAID

PAY THIS AMOUNT

\$6,354.96

\$.00

\$6,354.96

PAYMENT DUE DATE 01-MAY-1999

CERTIFICATE OF OFFICE BILLED

FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$24,908.15 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION (S) AND/OR FUND (S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$18,553.19 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$6,354.96 TOTAL FLUX BILLED: \$.00 DATE

PREVIOUS FLUX BILLED: CURRENT FLUX BILLED:

\$.00 \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

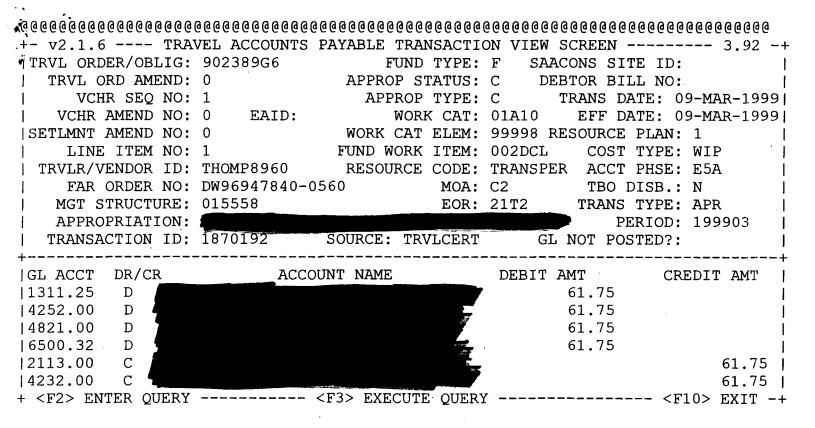
DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080

TRANSACTION LISTING

Page: 1 Date: 19-DEC-2001 OMAHA DISTRICT

CONTRACT - OUTSIDE	COMPANY								
	GOVERNMENT		·						
	PR&C W59XQG90475641	Obligation 902389G6	Del Order No NA	Emp ID	Line Item	Resource Code TRANSPER	Accrual	Ind	Total \$61.75
				SUBTOTAL	COST:				\$61.75
INHOUSE - LABOR									
01-MAR-1999 09-MAR-1999 15-MAR-1999 15-MAR-1999 22-MAR-1999 22-MAR-1999 26-MAR-1999 29-MAR-1999	Charge Code L21275 L21275 L21275 L21275 L35672 L21275 L21275 L21275 L21275 L21275 L21275 L21275	Work Date 25-FEB-1999 04-MAR-1999 11-MAR-1999 11-MAR-1999 18-MAR-1999 25-MAR-1999 25-MAR-1999 25-MAR-1999 26-MAR-1999 26-MAR-1999	Emp ID N	o of Hours	Туре	Labor \$	G&A \$	Indirect \$	Total \$1,271.82 \$553.39 \$260.90 \$130.43 \$229.41 \$402.77 \$854.35 \$142.39 \$537.01 \$1,736.54 \$174.20
				. SUBTOTAL	co	\$3,631.30	\$889.66	\$1,772.25	\$6,293.21
								TOTAL COST:	\$6,354.96

\*\*\* E N D O F R E P O R T - 19-DEC-2001 - 14:13 - SID G6CEFMP1 \*\*\*



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Count: 5

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		ļ !	d. AND		(9) Amount Owed (10) Amount Due	\$61.75	
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				VOUCHER OR			Pi	PAGE NO.				
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18. POC TRAVEL: OWNER/OPERATOR X PASSENGER 19. GOVERNMENT TRANSPORTATION REQUEST (GTR)/MILITARY TRANSPORTATION AUTHORIZATION (MTA)							
20. Long distance telephone calls are certified as necessary in the interest of the government.  a. GTR/MTA NO. b. FROM c. TO							
APPROVING OFFICER (31 USC 1348(b))  7617565650  OMAHA / DOUGLAS NEB CHICAGO / COOK ILLI							
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23. ACCOUNTING CLASS							
24. COLLECTION DATA							
25. COMPUTED BY 26. AUDITED BY 27.TRVL ORD POSTED BY 28. RECEIVED(Payee signature and date or check no.) 29. AMOUNT PAID							

DD FORM 1351-2

NCR NUMBER

			TRAVEL V			PAGE NO	2					
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## Carlson Wagonlit Travel

TALES PERSON: 41 ITINERARY/INVOICE NO. 6618019

- DETOMER NBR: 555161

DUPLICATE OHNIXI

DATE: 16 FEB 99

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**PAGE: 61** 

TO: PICKUP 16FEB .:

MAIL REFUNDS WYORDERS TO-CARLSON WAGORLIT TRAVEL

COE/OMAHA

215 M 17TH STREET

ROOM 1968

OHAHA NE 68102

UR: THOMABON/PATTE

REF: PYAGRD,098258,0080MA

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OTHER SEAT

SEATING RESTRICTED TO AIRPORT CHECK-IN ONLY.

\*8 MAY 99 - TUESDAY OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET

UA761756565Ø

THOMASON PATTI BILLED TO SUB TOTAL 271.00 NET CO BILLING

CONTINUED ON PAGE 2

TOTAL AMOUNT DUE

## Carlson Wagonlit Travel

RAURS PERSON: 41

ITINERARY/INVOICE NO. 0013019

DATE: 16 FEB 99

CUBTOMER NBR: 555101

DUPLICATE OHNEXE

PAGE: 02

TO: FICKUP 16FEB .

MAIL REFUNDS W/ORDERS TO-CARLSON WAGONLIT TRAVEL COE/OMAHA 215 N 17TH STREET ROOM 1968

OMAHA NE 68192

REF: PTAGRD, 896252, COECMA

FOR THOMASON/PATTI

0/626 CONTRACT CARRIER USED FOR ENTIRE TRIP 03-COEOMA,X US-96X3122, , U4- , U7-16FEB79 000000090238966 U6-000000000 39800384551

4 6 6

" rem .890152.06cdMA= that i 2213215 A4: PASSENGLE RECESO, BOARDING PASS ARC CUPON A26926120 THUMASON/PATTI JAK ATRUMET PLACE OF IRBUS MODIOS DATE OF IRBUS The transfer of the state of th DMAKE PHONOACHUR / PARTIE FOR PARTIE COME THE RECEIPT OURD WAINAG Y 17FEBYCA 259427 / FCOMA UA CHII 22.22 UK OMR122.22YCH 244.44 END ZPOMA2ORD2 YFORD3 . . UV NOT VALID FOR TRAVEL

0 016 7617565650 3

Ø 616 7617565650 S

ARPHARELPE

REQUEST AND AUTHORIZA	TION FOR TDY TRAVEL O		NNEL		1. DATE OF REQUEST			
	as indicated in items		21		19-JUL-1999			
	REQUEST FOR OF	FICIAL TRAV	EL		·			
2.NAME (Last, First, Middle Initial)	SSN	3.POSI	TION TITLE AND GRADE O	R RATI	NG			
THOMASON, PATTI J		INDUST	RIAL HYGIENIST		GS12			
4.OFFICIAL STATION INDUSTRIAL HYGIENE SECTION		5.ORGA	NIZATIONAL ELEMENT	6.PH	one no.			
OMAHA, NE		CENWO-	ED-GI	402-	221-7690			
7. TYPE OF ORDERS	8.SECURITY CLEARANCE	g Pinpp	OSE OF TDY					
TEMPORARY DUTY	B. DECORTIT CHEROLOGIC	ATTEND	MEETING WITH EPA REGI SAUGET SF SITE PLANS F					
10a.APPROX NO. DAYS OF TDY	b.PROCEED O/A (DATE)							
(Including travel time) 1	17-FEB-1999	CATEGO	RY INFORMATION MEETIN	G				
11.ITINERARY	Y VARIATION AUTHOR	RIZED						
LEG: 1 OF 1 AMENDMENT NUMBER: 1								
FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON 17-FEB-1999 AT 620 HRS TO : CHICAGO / COOK ILLINOIS DEPART ON 17-FEB-1999 AT 2200 HRS								
12.MODE OF TRANSPORTATION TP TR	NSPN REQ - PLANE							
COMMERCIAL	GOVERNMENT		PRIVATELY OWN	BD COM	VEYANCE (Check one)			
RAIL AIR BUS SHIP	AIR VEHICLE	SHIP	RATE PER MILE: 0.0000					
AS DETERMINED BY APPROPRIATE TRANSPO	PTATION OFFICER		More advantageous	to gove	ernment			
ii	RIAIION OFFICER				per diem limited to			
(Overseas Travel only)				em as d	non carrier transportation determined in JTR. Travel d in JTR.			
13. X PER DIEM AUTHORIZED IN ACCORDA	NCE WITH JTR							
OTHER RATE OF PER DIEM(Specify)								
14.ESTIMATED COST				1	.5.ADVANCE AUTHORIZED			
PER DIEM TRAVEL	OTHER		TOTAL					
\$46.00 \$268.43	i	.0.00	\$354.43		\$.00			
16.REMARKS (Use this space for special a See Attached For Additional Remarks	requirements, leave, s	uperior or	1st-class accommodation	ons, ex	cess baggage, etc.)			
TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS					I bontov Agreev			
	<del></del>			<del></del>				
17.REQUESTING OFFICIAL (Title and sig- /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 19-JUL-19		/ELECTRONIC	NG OFFICIAL (Title CALLY SIGNED BY/ DARLEN TION ASSISTANT	IEE S	gnature)   KINNER JUL-1999			
	AUTHORIZ	ATION	,		· · · · · · · · · · · · · · · · · · ·			
19.ACCOUNTING CITATION								
		100%						
		R AUTHENTIC	I	.DATE	,			
/ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE	TRANSP	ORTATION AS	<b>ļ.—</b>		9-JUL-1999			
9501 JOHN J. PERSHING DR. OMAHA. NE6811	2		22		L ORDER NUMBER 902389G6			

` '		U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 19-JU	Љ-1999
	NAME (Last, F THOMASON, PATTI J	irst)	TRAVEL ORDER 9023	NUMBER 89G6

16.REMARKS

USE OF TAXIS IN THE AREA OF THE TDY LOCATION APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.

MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'

LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS

OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

i		<b>-</b>	(Reference	: Joint T	TDY TRAVEL ( Travel Regulates ated in items	tions)			L		1. DATE OF REQUEST
	· · · · · · · · · · · · · · · · · · ·			R	EQUEST FOR OF	PPICIAL	TRAVE	L.			1
2.NAME	(Last,First	,Middle Ini	tial)	SSN		3	.POSIT	'IOI	N TITLE AND GRADE	OR RATI	NG
THOMASON,	, PATTI J					n	NDUSTR	IAI	L HYGIENIST		GS12
,	AL STATION	CTLON				5	. ORGAN	IZ.	ATIONAL ELEMENT	6.PH	ONE NO.
OMAHA, NE	AL HYGIENE SE E	CIION				CI	ENWO-E	:D-0	31	402-	221-7690
7.TYPE OF				8.SECURITY CLEARANCE			9.PURPOSE OF TDY ATTEND MEETING WITH EPA REGION V R SCUSS SAUGET SF SITE PLANS FOR RI/				
<u> </u>	OX NO. DAYS C	P TDY		b. PROCE	ED O/A (DATE)					,	· · · · · · · · · · · · · · · · · ·
	(Including travel time)				7-FEB-1999	ŀ	ATEGOR'	.Y	INFORMATION MEET	.NG	
11.ITINERARY				_i  Y VA	RIATION AUTHO	DRIZED					
FROM:		LAS NEBRASK	A PROCEED OF		1999 AT 620 99 AT 2200 HR						
12.MODE C	OF TRANSPORTA	TION	TP TI	RNSPN REQ	- PLANE						
	COMMERC	IAL			GOVERNMENT				PRIVATELY OF	NED CON	VEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP	į,	RAT	TE PER MILE: 0.000	0	
I A	AS DETERMINED	BY APPROPR	i IATE TRANSPO	ORTATION (	OFFICER	<u> </u>		_	More advantageous	to gov	ernment
	(Overseas Tra								constructive cost	of com	d per diem limited to mon carrier transportation determined in JTR. Travel d in JTR.
13.	X PER DIE	M AUTHORIZE	D IN ACCORDA	NCE WITH	JTR						
OTHER	RATE OF PER	DIEM (Specify	y) .								
14.ESTIMA	TED COST			•							15.ADVANCE AUTHORIZED
PER DIEM	\$46.00	TRAVEL	\$271.00		OTHER S	40.00		то	TAL \$357.00		\$.00
16.REMARK		this space :		i	<u></u>	<del></del>	or or 1	i 1st	<del></del>	ions. e	xcess baggage, etc.)
	ched For Addi			•		•				•	33.33.
TRAVEL AD	OVANCE MUST B	E SETTLED W	ITHIN 5 DAYS	OF COMP	LETION OF TRA	VEL. FA	ILURE	то	DO SO WILL RESUL	T IN CO	LLECTION ACTION.
/ELECTRON	STING OFFICIA NICALLY SIGNE DRY INDUSTRIA	D BY/ CHERY	Fitle and si L A DAVIS NE 12-FEB-1	R		/ELECT	RONICA	ALL	OFFICIAL (Titl Y SIGNED BY/ JOHN VIL ENGINEER	W MONZ	ignature) INGO ER -FEB-1999
					AUTHORI	ZATION					
19.ACCOUN	TING CITATIO	N				100%	i	-			
											· · · · · · · · · · · · · · · · · · ·
/ELECTRON	AUTHORIZING NICALLY SIGNE MANAGEMENT	D BY/ MARILY	•	and signa		OR AUTH PORTATI			ON   TANT (FLEE	21.DATE	ISSUED 16-FEB-1999
9501 JOHN	J. PERSHING		MAHA, NE681	.12					į	22.TRAVI	EL ORDER NUMBER 902389G6

` <u>.</u>		U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 12-FEB-1999
NAME	(Last, First)		TRAVEL ORDER NUMBER
THOMASON,	PATTI J		902389G6

16.REMARKS

USE OF TAXIS IN THE AREA OF THE TDY LOCATION MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND

APPROVED AS MORE ADVANTAGEOUS TO THE GOVERNMENT.

RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT

LONG DISTANCE PHONE CALLS/FAX ARE APPROVED FOR OFFICIAL GOVERNMENT BUSINESS

OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

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v2.1.12 View Check	Register Screen 6.4	7			_   _   ×					
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Assigned Check No:	116796		Check No Trace:	180003676	1					
Replacement No:		Prot Method	EFT DSSN:	8736	Ea?:					
Туре:	TRV SETLMT		FOA Code:	G6						
Check Date:	10-MAR-1999		Reference No:	902389G6						
Amount:	61.75		Currency:	us						
Status:	PRINTED		FC Amount:							
Payee:	PATTI J THOMASON									
			· · · · · · · · · · · · · · · · · · ·							
•										
					•					
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Certified By:	AUTRY, SHIRLBY LE			Date Signe	ed: 10-MAR-1999					
	nitial Signature: 1805		1361							
Disbursing Offic	Disbursing Officer's Signature: 3686A236									
Prev Page	Prev Next	Query	List Save	Exit	Next Page					
Press F2 to enter a query	·.									
Record: 3/3										

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:08:39

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

\*:G6

FLSA: E CUTOFF DATE IS: 02/27/1999 PAY PERIOD ENDING: 02/27/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/14 02/15 02/16 02/17 02/18 02/19 02/20 02/21 02/22 02/23 02/24 02/25 02/26 02/27 Total \*

_							
B02584		,	1.00	1.00			2.00
B04425			4.00	1.25			5.25
L21275	8.0	00			3.50	8.00	19.50
L34691			1.00				1.00
L35734	4.00						4.00
L35735	4.00	3.25					7.25
L36885			-	3.00	4.00	8.00	15.00
L37720				2.00			2.00
LEAVE			2.00		0.50		2.50
LEAVE	8.00						8.00
LEAVE				0.75			0.75
LEAVE		4.75 8.00					12.75

\*The above hours were ELECTRONICALLY SIGNED ON: 01-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 56.00 HOL= OVT=

ALV= 2.50 OLV=

NON= 21.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

0031QH 002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE 002WJC

0030F5 0030F6 002W2D

002CVZ

002HJ5

certlabr.2.1.19 606 . G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:08:39

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26 FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/14/1999

LABOR-COST TO : 02/27/1999

EMPLOYEE COUNT = 1 

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

THOMASON P

80.00

\* \*\*\* END OF REPORT - 27-DEC-2000 - 11:08 - SID G6CEFMP1 \*\*\* \*\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:08:56

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

`₃**G**6

74

SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 03/13/1999 

PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/28 03/01 03/02 03/03 03/04 03/05 03/06 03/07 03/08 03/09 03/10 03/11 03/12 03/13 Total 

L11880 7.00 4.00 8.00 4.00 23.00 L21275 8.00 8.00 4.00 L29941 4.00 8.00 LEAVE 1.00 1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 09-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B03822 8.00 4.00 L29941 8.00 8.00 8.00 28.00

\*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00 80.00

OVT=

ALV=

OLV=

NON=

1.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

79.00 HOL=

,¢€ftlabr.2.1.19 607

## LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:08:56

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE BERAN E

• G6

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:08 - SID G6CEFMP1 \*\*\*

\*

certlabr.2.1.19 608 '₃ G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:09:21

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 03/13/1999 PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/28 03/01 03/02 03/03 03/04 03/05 03/06 03/07 03/08 03/09 03/10 03/11 03/12 03/13 Total

L10873			2.00			2.00
L18109			2.00			2.00
L21275		3.00 1.00	)			4.00
L29941		1.00	3.00		•	4.00
L35733		3.00				3,00
L35734		5.00	)			5.00
L36885		1.00 1.00	1.00			3.00
L37720			3.7	5 8.00		11.75
LEAVE		1.00				1.00
LEAVE			4.2	5		4.25
tilles chara house to	PL BOTTONICAL	TV GTGNIED ON	00 MAD 1000			

\*The above hours were ELECTRONICALLY SIGNED ON: 09-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

B02584		1.00				1.00
L21275				2.00		2.00
L31526		5.00				5.00
L33762				2.00		2.00
L37720		2.00	6.00	4.00		12.00
L38767		•	2.00			2.00
L38798	State Control			8	B.00	8.00
LEAVE	militarians and the second sec	8.00				8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00 80.00

REG= 66.75 HOL=

OVT=

ALV= 9.00 OLV=

NON= 4.25 SP-RATE-HRS=

FOR THESE WORK ITEMS:

© cértlabr.2.1.19 608 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:09:21

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 11:09 - SID G6CEPMP1 \*\*\*

\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:10:06

80.00

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

€ G6

PLSA: E CUTOFF DATE IS: 03/13/1999 PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/28 03/01 03/02 03/03 03/04 03/05 03/06 03/07 03/08 03/09 03/10 03/11 03/12 03/13 Total

L10873			2.00			2.00
L18109			2.00			2.00
L21275	3.00	1.00				4.00
L29941		1.00	3.00			4.00
L35733	3.00					3.00
L35734		5.00				5.00
L36885	1.00	1.00	1.00			3.00
L37720				3.75	8.00	11.75
LEAVE	1.00					1.00
LEAVE				4.25		4.25
#The ches	to hours were PIPOTPONICALLY CIC	MED ON.	OO MAD	1000		

\*The above hours were ELECTRONICALLY SIGNED ON: 09-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

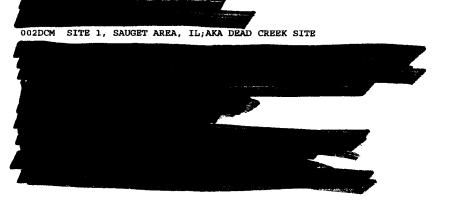
B02584	1.00				1.00
L21275			2.00		2.00
L31526	5.00				5.00
L33762			2.00		2.00
L37720	2.00	6.00	4.00		12.00
L38767		2.00			2.00
L38798				8.00	8.00
LEAVE	8.00				8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

REG= 66.75 HOL= OVT= ALV= 9.00 OLV= NON= 4.25 SP-RATE-HRS=

FOR THESE WORK ITEMS:



omrtlabr.2.1.19 610

LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000

TIME: 11:10:06

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

THOMASON P

\*\*\* END OF REPORT - 27-DEC-2000 - 11:10 - SID G6CEFMP1 \*\*\*

## LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:09:43

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 03/13/1999 PAY PERIOD ENDING: 03/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/28 03/01 03/02 03/03 03/04 03/05 03/06 03/07 03/08 03/09 03/10 03/11 03/12 03/13 Total 

B00594 8.00 8.00 8.00 8.00 32.00 8.00 8.00 8.00 B00667 24.00 L35672 2.50 3.00 5.50 LEAVE 8.00 8.00 8.00 8.00 LEAVE

\*The above hours were ELECTRONICALLY SIGNED ON: 15-MAR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 10.50 11.00 8.00

85.50

REG= 56.00 HOL=

OVT= 5.50 ALV=

OLV=

NON= 24.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:09:43

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/28/1999

LABOR-COST TO : 03/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

NON-PD L SP-RATE TOTAL CERTIFIED 85.50 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 11:09 - SID G6CEFMP1 \*\*\*

; G6 LABOR COST REPORT WITH CERTIFICATION Page: 1

Date: 27-DEC-2000

TIME: 11:10:28

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 03/27/1999 PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/14 03/15 03/16 03/17 03/18 03/19 03/20 03/21 03/22 03/23 03/24 03/25 03/26 03/27 Total \*\*\*\*\*

L21275			1.00	2.00	3.00			6	5.00
L26143						4.00		4	1.00
L30947				3.50	2.50			6	5.00
L33120					2.50	2.50		5	5.00
L37720			5.00					. 5	5.00
L38767				2.00		1.50		3	.50
L38798		7.75	2.00					9	.75
LEAVE		0.25	•	0.50				0	75
emba al	house house PLECTRONICALLY	CTOND	D OM. 3	2 MAD 1	000				

\*The above hours were ELECTRONICALLY SIGNED ON: 22-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

	BI: DAVIS, CHERID A GOD IIIDE: SUFV INDOS	SIKINH .	HIGIER	1131			
B02584	1	1.00					1.00
L11880			7.00	3.00			10.00
L21275				2.00	6.00	•	8.00
L32246				3.00			3.00
L32424						4.00	4.00
L38740		5.00					6.00
L39827	•			•	2.00		2.00
L40023						4.00	4.00
LEAVE	1	1.00	1.00				2.00
+mho oborro rouse word PLECTEONICALLY CICNED	ONT. 20 MAD 1000						

\*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 77.25 HOL=

OVT= ALV= 2.75 OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:



certlabr.2.1.19 611 .G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:10:28

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 11:10 - SID G6CEFMP1 \*\*\*

\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:10:47

ORGANIZATION TITLE: CHEMISTRY SECTION

" G6

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

L38740

FLSA: E CUTOFF DATE IS: 03/27/1999 PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/14 03/15 03/16 03/17 03/18 03/19 03/20 03/21 03/22 03/23 03/24 03/25 03/26 03/27 Total

L29941 4.00 8.00 12.00 8.00 8.00 8.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L11880 8.00 8.00 L21275 2.00 2.00 L21275 8.00 4.00 12.00 L38740 8.00 4.00 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 10.00 8.00

82.00

28.00

74.00 HOL=

OVT=

ALV= 8.00 OLV= NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:10:47

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

BERAN E

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL
82.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:10 - SID G6CEFMP1 \*\*\*

G6

## LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:11:06

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 03/27/1999 PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/14 03/15 03/16 03/17 03/18 03/19 03/20 03/21 03/22 03/23 03/24 03/25 03/26 03/27 Total

L29941 4.00 8.00 12.00

#The above hours were ELECTRONICALLY SIGNED ON: 19-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L11880 8.00 8.00 L21275 2.00 2.00 L21275 8.00 4.00 12.00 L38740 8.00 4.00 12.00 8.00 B.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-MAR-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 10.00 8.00

82.00

28.00

EG= 74.00 HOL=

OVT=

ALV= 8.00 OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:11:06

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25
FOR TIMEKEEPER: 74

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

BERAN E

82.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 11:11 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:12:13

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

G6

FLSA: E CUTOFF DATE IS: 03/27/1999 PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 03/14 03/15 03/16 03/17 03/18 03/19 03/20 03/21 03/22 03/23 03/24 03/25 03/26 03/27 Total L21275 1.00 2.00 3.00 6.00 L26143 4.00 4.00 3.50 2.50 L30947 6.00 2.50 2.50 L33120 5.00 L37720 5.00 5.00 L38767 2.00 1.50 3.50 7.75 2.00 L38798 9.75 LEAVE 0.25 0.50 0.75 \*The above hours were ELECTRONICALLY SIGNED ON: 22-MAR-1999 BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST B02584 1.00 7.00 3.00 L11880 10.00 2.00 6.00 L21275 8.00 L32246 3.00 3.00 L32424 4.00 4.00 L38740 6.00 6.00 L39827 2.00 2.00 L40023 4.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

LEAVE

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

2.00

80.00

REG= 77.25 HOL=

OVT=

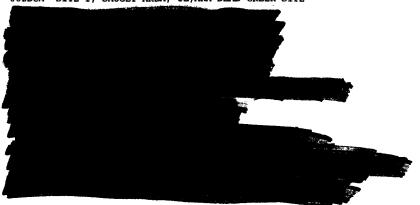
ALV= 2.75 OLV=

NON=

1.00 1.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:



• Čertlabr.2.1.19 616

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:12:13

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

80.00

\* \*\*\* END OF REPORT - 27-DEC-2000 - 11:12 - SID G6CEFMP1 \*\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 11:11:27

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: 1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 03/27/1999 PAY PERIOD ENDING: 03/27/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/14 03/15 03/16 03/17 03/18 03/19 03/20 03/21 03/22 03/23 03/24 03/25 03/26 03/27 Total \*

B00594 2.00 2.00 B00594 8.00 8.00 6.00 4.00 8.00 8.00 5.00 5.00 52.00 2.00 8.00 4.00 L35672 3.00 8.00 3.00 28.00

\*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 10.00 8.00

82.00

REG= 80.00 HOL=

OVT= 2.00 ALV=

OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Y

82.00

Date: 27-DEC-2000 TIME: 11:11:27

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

GOUGER T

\*\*\*\* END OF REPORT - 27-DEC-2000 - 11:11 - SID G6CEPMP1 \*\*\*

**3**6

## LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 11:11:53

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED05

NAME:DAVIS C

FLSA: E CUTOFF DATE IS: 03/27/1999 PAY PERIOD ENDING: 03/27/1999

\*

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 03/14 03/15 03/16 03/17 03/18 03/19 03/20 03/21 03/22 03/23 03/24 03/25 03/26 03/27 Total \*

B02584	6.00	4	.00	8.00					18.00
B03822		4.00 4	.00						8.00
L15253	2.00								2.00
L26596		2.00							2.00
L26606	6.00								6.00
L26797	2.00								2.00
L30409	•	2.00							2.00
*The above hours were ELECTRONICAL	Y SIGNED ON: 2	2-MAR-199	9						
	BY: M	ONZINGO,	JOHN V	JOB TITLE: SUPERVISORY C	IVIL ENG	INEER			
B02584				4.00	4.00	2.00	2.00	4.00	16.00
L21275				2.00					2.00
L26606						5.00			5.00
L26631							4.00		4.00
L28238					2.00				2.00

L34777 L35492 L39011

\*The above hours were ELECTRONICALLY SIGNED ON: 29-MAR-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

L28356 L31782

L32330

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

1.00

2.00

80.00

2.00

2.00

2.00

1.00

2.00

2.00

80.00 HOL= REG=

OVT=

ALV=

OLV=

NON=

2.00

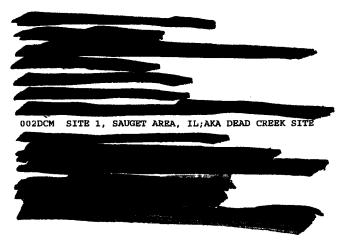
SP-RATE-HRS=

2.00

2.00

2.00

FOR THESE WORK ITEMS:



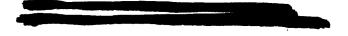
. G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 11:11:53



LABOR COST REPORT WITH CERTIFICATION

Page: 3

Date: 27-DEC-2000 TIME: 11:11:53

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 59

LABOR-COST FROM : 03/14/1999

LABOR-COST TO : 03/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE DAVIS C

, G6

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 11:11 - SID G6CEFMP1 \*\*\*

CIC #: 99EPA SUPERFUND VOUCHER FOR TRANSFERS PAGE NO. 001 BETWEEN APPROPRIATIONS AND/OR FUNDS ACCOUNTS OF BILLED DATE 01-FEB-1999 CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 D.O. VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. 28010450 4 04-JAN-1999 THRU 01-FEB-1999 PARTIAL # BILLED OFFICE (MAIL TO): BILLING OFFICE (SEND REMITTANCE TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER USAED OMAHA G6 ENVIRONMENTAL PROTECTION AGENCY ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER MS 002 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 MTTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION

NA 68 20 X 8145.0000

LINE ITEM MOA

000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR \$3,579.86

DESCRIPTION

\$3,579.86

SUBTOTAL

PARTIAL AMOUNT PAID

\$3,579.86

PAYMENT DUE DATE 03-MAR-1999

PAY THIS AMOUNT

\$.00

CERTIFICATE OF OFFICE BILLED

I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS FUNDS AUTHORIZED: \$279,400.00 TOTAL BILLED AMOUNT: \$12,963.41 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$9,383.55 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$3,579.86 TOTAL FLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080 TRANSACTION LISTING OMAHA DISTRICT

Page: 1

Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 01-1999

INHOUSE	-	LABOR
---------	---	-------

Transaction Date	Charge Code	Work Date	Emp ID	No of Hours Type	Labor \$	G&A \$	Indirect \$	Total
11-JAN-1999	L21275	08-JAN-1999						\$521.77
12-JAN-1999	L21275	07-JAN-1999						\$537.68
15-JAN-1999	L21275	11-JAN-1999	,					\$537.68
19-JAN-1999	L21275	15-JAN-1999	7					\$456.55
19-JAN-1999	L28473	15-JAN-1999						\$964.22
19-JAN-1999	L21275	11-JAN-1999	<b>January</b>					\$180.98
25-JAN-1999	L21275	21-JAN-1999						\$201.63
25-JAN-1999	L21275	19-JAN-1999						\$179.35
							and the second	
				SUBTOTAL CO	\$2,074.82	\$508.32	\$996.72	\$3,579.86
							TOTAL COST:	\$3.579.86

\*\*\* END OF REPORT - 19-DEC-2001 - 14:01 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:37:27

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total

 B02584
 3.00

 L21275
 8.00

 L27782
 8.00

 L29359
 4.00

 8.00
 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 11-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

8.00

NON=

8.00

8.00

8.00 8.00

SP-RATE-HRS=

80.00

B02584 0.50 0.50 1.50 L06876 1.00 1.00 L21275 4.00 3.00 7.00 L32424 8.00 3.50 11.50 8.00 L34144 6.50 14.50 L34691 3.50 3.50 LEAVE 1.00 1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

OVT=

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

ALV=

8.00 8.00

OLV=

1.00

8.00 8.00 8.00

FOR THESE WORK ITEMS:

79.00 HOL=

Employee Totals:

ocertlabr.2.1.19 585 'G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000 TIME: 10:37:27

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT ≈ 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

THOMASON P

80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 10:37 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 10:37:51

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

\*

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total 

B01397		6.00	7.50			•	13.50
L06089					4.00		4.00
L21275				8.00			8.00
L27079			8.00				8.00
L30110					4.00		4.00
LEAVE		2.00	0.50				2.50
+The abo	hours were PI POTEDONICALL	V CTONE	ZD ON. 12-TAN.	. 1 0 0 0			

\*The above hours were ELECTRONICALLY SIGNED ON: 12-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B02584 8.00 8.00 L06876 8.00 8.00 L21275 8.00 8.00 L29941 8.00 8.00 16.00

\*The above hours were ELECTRONICALLY SIGNED ON: 15-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

77.50 HOL= REG=

OVT=

ALV= 2.50 OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

· G6 LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000

TIME: 10:37:51

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

BERAN E

\*\*\* END OF REPORT - 27-DEC-2000 - 10:37 - SID G6CEFMP1 \*\*\*

\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 10:38:15

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME: BERAN E

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total

B01397	6.00	7.50			13.5	50
L06089				4.00	4.0	90
L21275			8.00		8.0	00
L27079			8.00		8.0	00
L30110				4.00	4.0	)0
LEAVE	2.00	0.50			2.5	50

\*The above hours were ELECTRONICALLY SIGNED ON: 12-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

 B02584
 8.00

 L06876
 8.00

 L21275
 8.00

 L29941
 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 15-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 77.50 HOL=

OVT=

ALV= 2.50 OLV=

NON=

SP-RATE-HRS=

FOR THESE WORK ITEMS:

~certlabr.2.1.19 587 - G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:38:15

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25 FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE BERAN E

4.

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 10:38 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1 Date: 27-DEC-2000

TIME: 10:39:19

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total 

B02584 3.00 3.00 L21275 8.00 8.00 L27782 8.00 5.00 4.00 17.00 L29359 4.00 8.00 12.00 \*The above hours were ELECTRONICALLY SIGNED ON: 11-JAN-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

8.00 8.00 8.00

8.00 8.00

80.00

B02584 0.50 0.50 0.50 1.50 L06876 1.00 1.00 4.00 L21275 3.00 7.00 L32424 8.00 3.50 11.50 8.00 6.50 L34144 14.50 L34691 3.50 3.50 LEAVE 1.00 1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

8.00 8.00

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

8.00

REG= 79.00 HOL= OVT= ALV= 1.00 OLV= NON= SP-RATE-HRS=

8.00

8.00

FOR THESE WORK ITEMS:

Employee Totals:

certlabr.2.1.19 590 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:39:19

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

\*\*\*\*\*

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

CERTIFIED

THOMASON P

.....

\*\*\* END OF REPORT - 27-DEC-2000 - 10:39 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 10:38:36

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

NAME: GOUGER T

TIMEKEEPER: 1J SUPERVISOR: CD17

IIMEREEPER: IJ SUPERVISOR: CDI

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total

6.00 6.00 6.00 3.00 4.00 6.00 7.00 6.00 44.00 B00594 8.00 8.00 B00667 2.00 2.00 2.00 3.00 2.00 2.00 1.00 2.00 16.00 L28473 2.00 2.00 LEAVE 4.00 LEAVE 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

\*

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 68.00 HOL=

OVT=

ALV= 4.00 OLV=

NON= 8.00 SP-RATE-HRS=

80.00

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

′ G6

LABOR COST REPORT WITH CERTIFICATION

2050. 2

80.00

Date: 27-DEC-2000 TIME: 10:38:36

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 10:38 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000 TIME: 10:38:59

Page: 1

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED05

NAME: CONNEALY D

ૂ≅6

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total 

B02584		0.50		1.00			1.50
B02584		8.00	2.00	4.00			14.00
L15253			2.00				2.00
L26606					8.00		8.00
L31947	Annex.			4.00			4.00
L33684			4.00		•		4.00
LEAVE		8.00					8.00
4ml - 1 - 1 -	THE PARTY OF THE P	W OTONIAN ONL 1					

tThe above hours were RIPCTPONICALLY SIGNED ON: 12-JAN-1999

*The above hours were ELECTRONICALLY SIGNE	SD ON: 1	2-JAN-19	199								
	BY: M	ONZINGO,	JOHN W	JOB TIT	LE: SUPERVIS	SORY C	IVIL EN	GINEER			
B02584		•					1.00				1.00
B02584						1.00	1.00		8.00	5.00	15.00
L06876							1.00				1.00
L15020								2.00			2.00
L21275						2.00					2.00
L23423								2.00			2.00
L26799										3.00	3.00
L27079							1.00				1.00
L28238								2.00			2.00
L28423							2.00				2.00
L29941						2.00					2.00
L31674							3.00				3.00
L32330								2.00			2.00
LEAVE						3.00					3.00

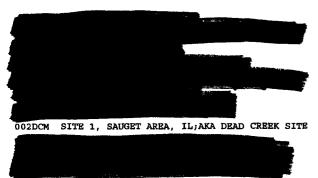
\*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER 

Employee Totals: 8.00 8.50 8.00 9.00 8.00 8.00 9.00 8.00 8.00 8.00 82.50

OVT= REG= 71.50 HOL= ALV= 11.00 OLV= NON= SP-RATE-HRS=

FOR THESE WORK ITEMS:

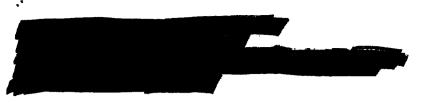


LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:38:59



LABOR COST REPORT WITH CERTIFICATION

Page: 3

Date: 27-DEC-2000

TIME: 10:38:59

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED05

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

82.50

CERTIFIED

CONNEALY D

\*\*\* END OF REPORT - 27-DEC-2000 - 10:38 - SID G6CEFMP1 \*\*\*

\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:39:39

ORGANIZATION TITLE: CHEMISTRY SECTION

**(%**5

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/30/1999 PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 01/30 Total 

L06089		7.00		2.50			9.50
L21275			3.00				3.00
L27079		8.00					8.00
L29941			5.00	4.00			9.00
LEAVE		1.00			•		1.00
LEAVE	8.00						8.00
LEAVE	*			1.50			1.50

\*The above hours were ELECTRONICALLY SIGNED ON: 25-JAN-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L10873	4.00	8.00				12.00
L15518			3.00			3.00
L23440	3.00		4.00			7.00
L29941				8.00	8.00	16.00
LEAVE	1.00		1.00			2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 67.50 HOL=

OVT=

ALV= 3.00 OLV=

NON= 9.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000 TIME: 10:39:39

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYER COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

BERAN E

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\*

\*\*\* END OF REPORT - 27-DEC-2000 - 10:39 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 10:39:58

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 01/30/1999 PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 01/30 Total

L15518			4.00	4.00
L21275	2.75			2.75
L26606			3.00	3.00
L27782		8	.00	8.00
L29359		2.00		2.00
L32424	0.25	6.00	1.00	7.25
L34144	5.00			5.00
LEAVE	8.00			8.00
tThe shore hours were PLRC	TOONICALLY SIGNED ON: 2	5TAN-199	9	

\*The above hours were ELECTRONICALLY SIGNED ON: 25-JAN-1999

	BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST		
L15518		4.00	4.00
L29453	8.00		8.00
L32565		2.00 5.00	7.00
L33762	7.25		7.25
LEAVE	0.75	2.00 3.00	5.75
LEAVE	8.00		a.00
+mbb b pr gompovically groups	ON 03 PDP 1000		

\*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

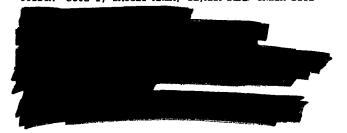
58.25 HOL= OVT=

ALV= 5.75 OLV=

NON=

16.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:



LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:39:58

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

THOMASON P

80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 10:39 - SID G6CEFMP1 \*\*\*

\*

PAGE NO. 001

VOUCHER FOR TRANSFERS CIC #: 99EPA SUPERFUND BETWEEN APPROPRIATIONS AND/OR FUNDS BILLED DATE 01-MAR-1999

CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1)

(DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006

BU VOUCHER NO. D.O. VOUCHER NO.

BILL NO.

PAID BY CHECK NO.

COLLECTION VOU. NO.

28011167

NA

PARTIAL # 5 01-FEB-1999 THRU 01-MAR-1999

BILLED OFFICE (MAIL TO):

BILLING OFFICE (SEND REMITTANCE TO):

USACE FINANCE CENTER USAED OMAHA G6 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER

MILLINGTON TN 38054-5005

CINCINNATI FINANCIAL MGMT CENTER

ENVIRONMENTAL PROTECTION AGENCY ACCOUNTING OPERATIONS OFFICE

MS 002

26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002

ATTN

BILLED ACCOUNTING CLASSIFICATION

BILLING ACCOUNTING CLASSIFICATION

68 20 X 8145.0000

\$5,589.78

\$5,589.78

LINE ITEM

MOA

000001 CONTRACT - OUTSIDE GOVERNMENT

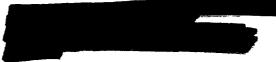
000001 INHOUSE - LABOR

000001 INHOUSE - LABOR

000001 INHOUSE - LABOR

000001 INHOUSE - LABOR

DESCRIPTION



SUBTOTAL

96252

ACCOUNTS OF

PARTIAL AMOUNT PAID

\$5,589.78

PAYMENT DUE DATE 31-MAR-1999

PAY THIS AMOUNT

\$.00

CERTIFICATE OF OFFICE BILLED

FUNDS AUTHORIZED: \$279,400.00 . I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$18,553.19 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE. \$12,963.41 PREVIOUS BILLED AMOUNT: OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$5,589.78

TOTAL FLUX BILLED: \$.00 DATE PREVIOUS FLUX BILLED: \$.00 CURRENT FLUX BILLED: \$.00

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

DA FORM 4445-R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080 OMAHA DISTRICT

Page: 1 TRANSACTION LISTING Date: 19-DEC-2001

ACCOUNTING PERIOD: 02-1999 CUSTOMER ORDER: DW96947840-0560

CONTRACT	_	OUTSIDE	GOVERNMENT

Obligation Transaction Date PR&C Del Order No Emp ID Line Item Resource Code Accrual Ind 99/12-13-98A 02-FEB-1999 W59XOG83419716 0022 902385G6 NA 23-FEB-1999 W59XOG90435549

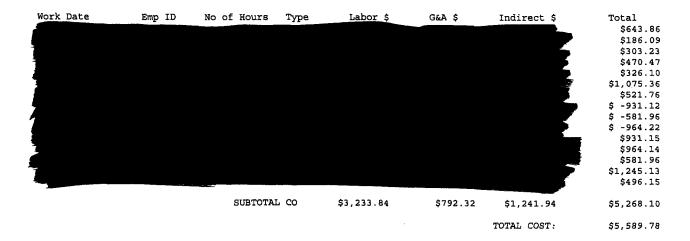
TRANSPER TRANSPER

Total \$268.43 \$53.25 \$321.68

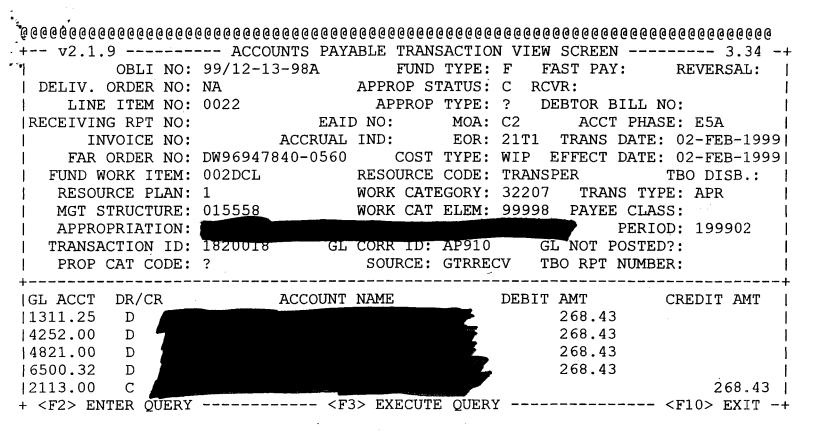
SUBTOTAL COST:

INHOUSE - LABOR

Transaction Date	Charge Code
01-FEB-1999	L35225
01-FEB-1999	L35672
01-FEB-1999	L35225
08-FEB-1999	L21275
08-FEB-1999	L21275
12-FEB-1999	L21275
16-FEB-1999	L21275
19-FEB-1999	L28473
19-FEB-1999	L28473
19-FEB-1999	L28473
19-FEB-1999	L35672
19-FEB-1999	L35672
19-FEB-1999	L35672
22-FEB-1999	L21275
26-FEB-1999	1,35672



\*\*\* E N D O F R E P O R T - 19-DEC-2001 - 14:02 - SID G6CEFMP1 \*\*\*



Count: 3

<Replace>

			_	_			
n Line Items - <b>ligation</b>	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
36	1	NON-GTR TRAVE	OOZDCL	21T2	49.50	49.50	0.00
L3-98 <b>A</b>	0022	7604389840/13	002DCL	21T1	268.43	268.43	0.00
=======================================	][			<u> </u>	<u></u>	<u> </u>	<u> </u>
	<u> </u>			<u> </u>	L	<u> </u>	<u> </u>
	r <b>avel Order D</b> n Line Items - <b>ligation</b>	n Line Items  Obli Li No	ligation  Li No Description  1 NON-GTR TRAVE	n Line Items  Obli ligation  Li No Description WI Cd  NON-GTR TRAVE 002DCL	n Line Items  Obli ligation  Line Items  Obli No Description  NICd EOR  NON-GTR TRAVE 002DCL 21T2	Type: TEMPORARY D  The line items  Obli Li No Description WI Cd FOR Amount  NON-GTR TRAVE 002DCL 21T2 49.50	Type: TEMPORARY DUTY  Line Items  Obli Li No Description WI Cd FOR Amount Amount  NON-GTR TRAVE 002DCL 21T2 49.50 49.50

Press <F2> or <F3> to query travel orders, <PGDN> to view individual line items.

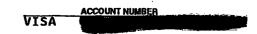
Record: 1/1

				~~~				m Appı		PAGE	
	OR	DER FOR SUPPL	IES OR SERVI	CES					9704-0187 Jug 31, 1992	1	
reviewing ins the collection information, Operations and	ing burden for the tructions, search of information including suggested Reports, 1215 Juaperwork Reduction	ing existing of Send comments ions for reduce efferson Davis	data sources s reguarding cing this bu s Highway, Su	, gathering an this burden e rden, to Washi uite 1204, Arl	nd main estimation ington	ntaining th te or any o Headquarte	e data ther as rs Serv	needed pect c ices,	, and compl f this coll Directorate	eting and reviewing ection of for Information	
1. CONTRACT/F	URCH ORDER NO. 13-98A	2. DELIVERY (	ORDER NO.	3. DATE OF 02-FEE	ORDE	R. 4. REQUI	SITION/ W59XQG			5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1	
6. ISSUED BY		CODE		7. ADMINISTER	ED BY	ec	DE	_			
										8. DELIVERY FOB [ ] DEST [ ] OTHER [ (See Schedule)	
9. CONTRACTOR	VENDOR ID: NB223	99 CODE		ACILITY CODE			.DELIVE	R TO F	OB POINT BY	11.MARK IF BUS. IS	
NATIONS BANK CARD #22399 4486160000022399 12. DISCOUNT TERMS P O BOX 650785											
DALLAS, TX 75265-0785 13. MAIL INVOICES TO See B											
14. SHIP TO CODE 15. PAYMENT WILL BE MADE BY CODE MAP											
16. DELIVERY	This delivery					or in acc	ordance	with	and subject	L	
PURCHASE	Reference your	·				furni	sh the	follow	ing on term	s specified herein:	
	THE CONTRACT HERE ODIFIED, SUBJECT T									IOUSLY HAVE BEEN	
	OF CONTRACTOR ox is marked, supp	olier must sig	SIGNATURE yn Acceptance	and return t	he fol		ED NAME ber of			DATE SIGNED	
17. ACCOUNTIN	G AND APPROPRIATIO	ON DATA/LOCAL	USE								
18. ITEM 19.	SCHEDULE OF S	SUPPLIES/SERVI	CCE 20	o. Qu Ordere	ANTITY D/ACCE		21. ÚNIT	•	NIT PRICE	23. AMOUNT	
	389785/1267G6/KIRS 389786/1274G6/OPIT			.000	· .	.000	•		\$.00 \$.00	\$268.43 \$375.38	
	accepted by the Go uantity ordered, i		UNITED STATE	S OF AMERICA					25. TOTAL	\$16,062.00	
by x. If diquantity acc	fferent, enter act epted below quanti	ual							29. DIFFERENCES	3	
ordered and	<u></u>			<del></del>		ACTING/ORD				ļ	
26. QUANTITY [ ]INSPECTED	IN COLUMN 20 HAS E [X]RECEIVED []A	CCEPTED AND C	ONFORMS TO T	27. REC RP   000001	r No	28. D.O. V	TIPLE		30. INITIALS		
02-FEB-1999	/S/ DARLENE E SK	ONTRACT EXCEP	T AS NOTED	[ ] PART	<u> </u>	32. PAID B	736		33. AMT VER	IFIED CORRECT FOR \$268.43	
DATE 36.I certify	SIGNATURE OF AU				PLETE	24.	מס משק		34. CHECK N	UMBER 00318894	
Dam	CTONAMINE NO.	MID ON GURBER	VINO OPRIORE	[ ] PAR		24-	PEB-99		35. BILL OF	LADING NO.	
DATE	SIGNATURE AND TI	THE OF CERTIF	<del></del>		ONTE	41. S/R A	ייייאונוסיי	MI MAD DO	42.0	D MOTORIDE NO	
37. REC'D AT	38. RECEIVED BY DARLENE E SKINNER	1	02-FEB-199	D 40 TOTAL C	J17 1 -	11. 5/K A	COUNT	HUMBER	42. S/	R VOUCHER NO.	

18. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	E	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0003	76043B9787/1263G6/WRIGHT	.000		ЛВ	\$.00	\$375.3
0004	7604389790/1249G6/SCHJODT	.000		JB	\$.00	\$752.8
0005	7604389793/1268G6/KIRSCHBAUM	.000		JB	\$.00	\$225.9
	7604389794/247G6/VOLZ	.0000	•	JВ	\$.00	\$375.3
	7604389795/254G6/COOPER	.000		JB	\$.00	\$557.6
8000	7640389798/1239G6/REMUS	.0000	.0000	JB	\$.00	\$821.1
0009	76094389799/1210G6/REMUS	.0000		JB	\$.00	\$779.4
0010	7604389802/5G6/SPECTETER	.0000		JB	\$.00	\$293.0
0011	7604389804/1288G6/LAGRONE	.0000		JB	\$.00	\$373.4
0012	7604389814/1255G6/	.000		JB	\$.00	\$373.4
0013	7604389822/1299G6/CARRIG	.0000	•	JB	\$.00	\$543.8
0014	7604389823/1311G6/BICHANICH	.0000	•	JB	\$.00	\$296.2
0015	7604389827/1056G6/COLE	.0000	•	JB	\$.00	\$373.4
0016	7604389828/1055G6/BALDING	.0000		JB	\$.00	\$373.4
0017	7604389829/1674G6/KRUSE	.0000		JB	\$.00	\$286.3
0018	7604389830/999G6/MURDOC	.0000		JB	\$.00	\$388.3
0019	7604389831/BARTEL	.0000		JB	\$.00	\$388.3
0020	7604389832/1213G6/GARRISON	.0000	•	JB	\$.00	\$779.4
0021	7604389839/1300G6/KELLY	.0000		JB	\$.00	\$268.
0022	7604389840/1322G6/GOUGER	.0000	.0000	JB	\$.00	\$268.
0023	7604389842/1313G6/TAYLOR	.0000		JB	\$.00	\$217.0
0024	76043898343/1245G6/BUSS	.0000		JB	\$.00	\$476.
0025	7604389848/1205G6/MCCLENATHAN	.0000		JB	\$.00	\$228.9
0026	7604389849/1278G6/BECKER, DAVE	.0000		JB	\$.00	\$375.3
0027	7604389851/1307G6/HILL	.0000		JB	\$.00	\$373.4
0028	7604389853/1277G6/SAARI	.0000		JB	\$.00	\$375.3
0029	7604389855/1323G6/WESTENGURG	.0000		JB	\$.00	\$325.8
0030	7604389856/1289G6/STOLTZ	.0000	•	JB	\$.00	\$645.1
0031	7604389857/1339G6	.0000	•	JB	\$.00	\$456.6
0032	7604389860/1362G6/SHIELDS	.0000		JB	\$.00	\$189.2
0033	7604389879/1365G6/GUNKELMAN	.0000		JB	\$.00	\$373.4
0034	7604389880/81/1359G6/CARLSON	.0000		JB	\$.00	\$146.6
0035	7604389883/1333G6/MALIN	.0000		JB	\$.00	\$189.2
0036	7604389884/1379G6/ELLENDER	.0000	.0000	JB	\$.00	\$456.0
0037	7604389885/1334G6/ONEILL	.0000		JB	\$.00	\$189.2
0038 ј	7604389902/1354G6/HENLEY	.0000		JB	\$.00	\$752.8
0039 j	7604389903/1356G6/SCHULTE	.0000	/ .0000	JB	\$.00	\$752.4

### **NationsBank**

USACE 215 N 17TH ST. OMAHA NE 68102-4978



Page 7 of 9

ANDUETT ATTOCATION OF THE				<del></del>			
2-09 MIDWEST 45376043898530AK CREEK V REF:24110208342912170010002 MCC:4511 PHONE:	₹1	12-0	37			379.00	D
NM:SAARI/R DEP:120998 OARP:OMA TKT:	MVAT:	CVAT:	CC:	SVC:Y DARP:DCA FR:	TRV:000000		
2-09 NWA AIR 01276043898290MAHA NE		12-4	07			289.00	E
REF:24717058342583420954343 MCC:3060 PHONE:					•		Ī
NM:KRUSE/C DEP:121296 OARP:FSD TKT: DARP:BWI FR: TRV:000000 SVC:Y DARP:MSP FR:	MVAT; TRV:000000 SVC:	CVAT:			TRV:000000 SVC:Y		
DANF,BITTER. INV.VVVVVV SVV.1 DANF,MSF FN.	TH4.000000 SVC.	T DARP.PSD FM;	1664				
2-09 UNITED AIR 01676043898270MAHA NE		12-6	07			377.00	E
REF:24792628342681911131195 MCC:3000 PHONE: NM:COLE/K DEP:121498 OARP:DEN TKT:	MAT.	CVAT:	00.	01/01/ DADD-01/A FD	771/ 44444 AVA		
NM:COLE/K DEP:121498 OARP:DEN TKT: DARP:DEN FR: TRV:000000	MVAT:	CVAI:	CC:	SVC:Y DARP:OMA FR:	TRV:000000 SVC:Y		
2-09 UNITED AIR 0167604389828OMAHA NE							
2-09 UNITED AIR 01676043898280MAHA NE REF:24792628342681911131203 MCC:3000 PHONE:		12-0	37			377.00	E
NM:BALDING/D DEP:121498 OARP:DEN TKT:	MVAT:	CVAT:	CC:	SVC:Y DARP:OMA FR:	TRV:000000 SVC:Y		
DARP:DEN FR: TRV:000000							
2-09 UNITED AIR 0167604389832OMAHA NE		12-6	07			787.00	
REF:24792628342681911131211 MCC:3000 PHONE:							
NM:GARRISON/J DEP:121398 OARP:OMA TKT: DARP:ISN FR: TRY:000000 SVC:H DARP:DEN FR:	MVAT:	CVAT:		SVC:B DARP:DEN FR:	TRV:000000 SVC:B		
DARP:ISN FR: TRV:000000 SVC:H DARP:DEN FR:	TRV:000000 SVC:Y	DARP:OMA FR	IP(V)	000000			
2-09 UNITED AIR 01676043898390MAHA NE		12-4	07			271.00	
REF:24792628342681911131229 MCC:3000 PHONE: NM:KELLYM DEP:120798 OARP:OMA TKT:	MVAT:	CVAT:	CC:	SVC:S DARP:DEN FR:	TRV:000000 SVC:S		
DARP:PDX FR: TRV:000000 SVC:S DARP:DEN FR:	TRV:000000 SVC:			:000000			
2-09 UNITED AIR 0167604389840OMAHA NE		12-	07			271.00	
REF:24792628342681911131237 MCC:3000 PHONE:						217.00	•
NM:GOUGER/T DEP:120898 OARP:OMA TKT:	MVAT:	CVAT:	CC:	SVC:Y DARP:ORD FR:	TRV:000000 SVC;Y		
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2-09 UNITED AIR 0167604389843OMAHA NE	<b>.</b>	12-	07			481.00	i
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REQUEST AND AUTHORIZA (Reference: Travel Authorized a	Joint Trav	vel Regulati	ions)				1. DATE OF REQUEST 04-MAR-1999					
		UEST FOR OFF										
2.NAME (Last, First, Middle Initial) GOUGER, TIMOTHY P	SSN				ON TITLE AND GRADE OR	RATIN	NG GS12					
4.OPFICIAL STATION RAPID RESPONSE RESIDENT OFFICE OFFUTT, APB, NE			j		ZATIONAL ELEMENT	į	ONE NO. 293-2514					
7.TYPE OF ORDERS TEMPORARY DUTY	8.SECURITY	Y CLEARANCE		PURPOS CH SUP	BE OF TDY PPORT							
10a.APPROX NO. DAYS OF TDY (Including travel time)	1-80	O/A (DATE) DEC-1998	i	'EGORY	SITE VISIT-OPERATIO	NAL/MI	NGRIAL					
11.ITINERARY  LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA PROCEED ON TO : CHICAGO / DU PAGE, COOK & LAKE ILLIN	نـا 08-DEC-199		HRS	1900	HRS							
12.MODE OF TRANSPORTATION TP - TRNSPN REQ - PLANE												
COMMERCIAL		GOVERNMENT		_		D CONV	VEYANCE (Check one)					
RAIL AIR BUS SHIP F	AIR	VEHICLE	SHIP	R. 	ATE PER MILE: 0.0000							
AS DETERMINED BY APPROPRIATE TRANSPOR					constructive cost o	ent and of common as d	1 per diem limited to mon carrier transportation determined in JTR. Travel					
13.   Y PER DIEM AUTHORIZED IN ACCORDAN OTHER RATE OF PER DIEM(Specify)	ICE WITH JT	r r										
14.ESTIMATED COST						1	15.ADVANCE AUTHORIZED					
PER DIEM TRAVEL \$318.43	ОТН	HER \$5	50.00	)	TOTAL \$530.43	ļ	\$.00					
16.REMARKS (Use this space for special r See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITHIN 5 DAYS					·							
17.REQUESTING OFFICIAL (Title and sig /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER TRANSPORTATION ASSISTANT 04-MAR-19	R	į	/ELECTRO	ONICA	OFFICIAL (Title LLY SIGNED BY/ DARLEN ON ASSISTANT	E E S	gnature) KINNER MAR-1999					
		AUTHORIZ	ZATION									
19.ACCOUNTING CITATION			100%									
20.ORDER AUTHORIZING OFFICIAL (Title a /ELECTRONICALLY SIGNED BY/ DARLENE E SKINNER LOGISTICS MANAGEMENT OFFICE 9501 JOHN J. PERSHING DR.  OMAHA, NE6811	and signatu		OR AUTHEN		ISTANT	. TRAVE	ISSUED 4-MAR-1999 L ORDER NUMBER 901322G6					

·		U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 04-MAR-1999
name Gouger,	(Last, First) TIMOTHY P		TRAVEL ORDER NUMBER 901322G6

16. REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

		_	•	: Joint	Trav	vel Regulat	tions)			EL		1. DATE OF REQUEST
ļ		Travel	Authorized									07-DEC-1998
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2.NAME		,Middle Ini	tial)	SSN			į			ON TITLE AND GRADE	OR RATI	
GOUGER, TI							<del> </del>			ENTAL ENGINEER	<del></del>	GS12
4.OFFICIAL  RAPID RESE	L STATION PONSE RESIDE	NT OFFICE						5.ORGA	NIZ	ZATIONAL ELEMENT	6.PH	ONE NO.
OFFUTT, AF	B, NE							CENWO-	CD-	-FC-R	402-	293-2514
7.TYPE OF	ORDERS			8.SECU	RITY	CLEARANCE		9.PURPO		S OF TDY PORT		
TEMPORARY	DUTY			<u> </u>								
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13.	X PER DIE	M AUTHORIZE	D IN ACCORDA	NCE WITH	н ЈТ	R						
OTHER R	ATE OF PER I	DIEM (Specify	<b>Y</b> )									
14.ESTIMAT	ED COST			****					•		T	15.ADVANCE AUTHORIZED
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16.REMARKS See Attach	(Use to deed For Addit			requirem	nent	s, leave, s	super	ior or	1s	t-class accommoda	tions, e	kcess baggage, etc.)
TRAVEL ADV	ANCE MUST BE	SETTLED W	THIN 5 DAYS	OF COME	PLET	ION OF TRAV	VEL. I	PAILURE	T	O DO SO WILL RESU	LT IN CO	LECTION ACTION.
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						AUTHOR 12	ZATION	7				-
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/ELECTRONI	UTHORIZING C CALLY SIGNED AREA OFFICE	BY/ JANICE		and sign	atu			THENTIC SISTANT			21.DATE	ISSUED 17-DEC-1998
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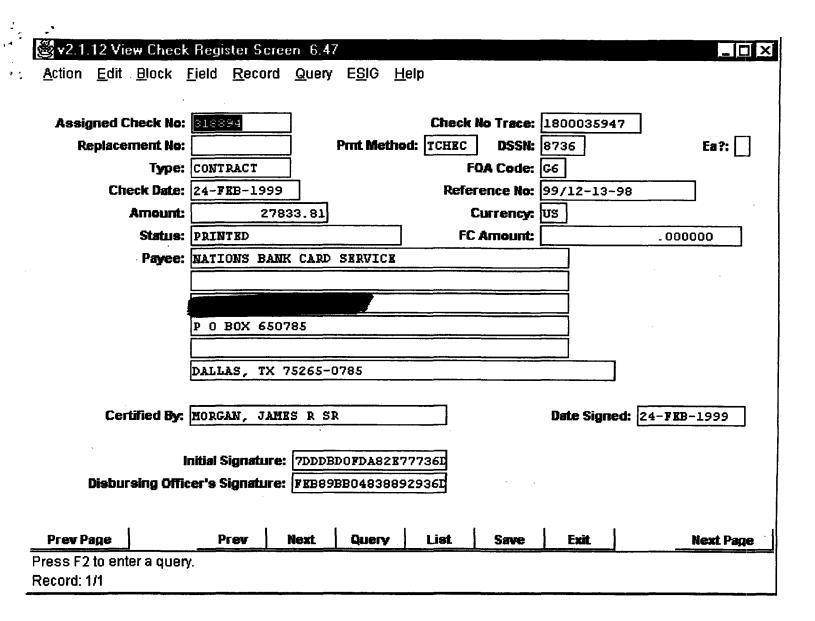
		DATE ISSUED 07-DEC-1998
•	NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 901322G6

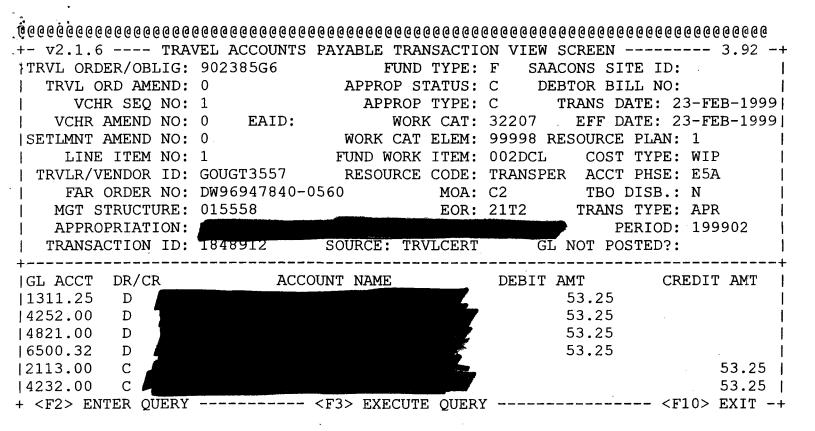
16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

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7. ADDRESS a.NUMBER AND STREET b. CITY Privacy Act Information. Privacy	Y y Act Info	rmatic	on.		c.S7	TATE d.	ZIP COL	DE		c. PAID BY 8736 24Feb1999				
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16. REIMBURSABLE EXPENSES						17	. LEAVE	:		(1) Per Diem (2) Actual Expense	\$34.50			
DATE b. NATURE OF EXPENSE		. AMO	UNT	b. A	LLOW	ED a.	DAYS	<b>b.</b> 1	HOURS	(3) Mileage (4) Dependent Travel				
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			İ			<b>a</b> .	AND			(8) Less Advance (9) Amount Owed (10) Amount Due	\$53.25 <b> </b>			
18. POC TRAVEL: OWNER/OPERATOR				PASS	SENG	ER 19				INSPORTATION REQUEST I AUTHORIZATION (MTA)				
20. Long distance telephone calls are necessary in the interest of the g							a. GTR/			b. FROM	c. TO			
APPROVING OFFICER	,					-								
(31 USC 1348(b))	1,	DATE		00		761756			OMAHA / DOUGLAS NEB	<u> </u>				
21.a. CLAIMANT SIGNATURE							/ JEROME M WOODS	b. DATE 23Feb1999						
23. ACCOUNTING CLASS										100	FUNDED			
24. COLLECTION DATA														
25. COMPUTED BY 26. AUDITED BY 27 SHELIA DACQUISTO JUDITH MORGAN	POSTE	D BY	28. F		IVED (P 5675	ayee si	gnat	ture a	nd date or check no.) 24Feb1999	29. AMOUNT PAID \$53.25				

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DATE: 16 FEB =

PAGE: Ø1

TO: PICKUP 16FEB .

HAIL REFUNDS W/ORDERS TO-CARLSON WAGONLIT TRAVEL

COEZOMARA

215 N 17TH STREET

ROOM 196B

OHAHA NE 68102

FOR: GOUGER/TIM

REF: CTAORD, 096252, COEOHA

17 FEB	99 - WEDNESDAY	****		
AIR	UNITED AIRLINES	FLT:1849	COACH	
	LV OMAHA		8 <b>9</b> 5A	EOP: BOEING 757
				SIHR ZIMIN
	AR CHICAGO OHARE		926A	NON-STOP
	ARRIVE: TERMINAL	1.		REF: NG53ZØ
	GOUGERZTIM	SEAT-39A		
AIR	UNITED AIRLINES	· FLT:775	COACH	
	LV CHICAGO OHARE		245P	ERP: BOEING 757
	DEPART: TERMINAL	1.		Ø1HR 26MIN
	AR OMAHA		911F	NON-STOP
				REF: NG53ZG
	GOUGERZTIA	SEAT-19D	•	

18 HAY 99 - TUESDAY OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET ELEC TKT UA2612565618

GOUGER TIM

271.5%

SUB TOTAL MET CC BILLING

271.95

TOTAL AKGURT DUE

15 . 5-

CONTINUED ON PAGE 2

# Carlson Wagonlit Travel

SALES PERSON: 41

ITINERARY/INVOICE NO. ØØ12995

CUSTOMER NBR: 585101

PLUHTU

DATE: 16 FEB 4

PAGE: Ø2

TO: PICKUP 16FEB .

MAIL REFUNDS W/GRDERS TO-CARLSON WAGONLIT TRAVEL COE/OHAHA

215 N 17TH STREET

ROOH 193B

OHAHA NE 68152

FOR: GOUGER/TIN

REF: CTAORD,096252,COEUMA

---- INFORMATION FOR ARMY TRAVELERS ----IF YOU NEED TO CONTACT THE ARHY MILITARY LODGING RESERVATION CENTER DIRECT, THE PHONE NUMBER IS 1-869-60 ARMY 1 OR 899-442-7491, --LODGING ONLY--XXEHERGENCY CWT SERVICE WHILE TRAVELING CALL 800-288-5999 TICKET RECEIVED CLIENT SIGNATURE....... YOUR PERSONAL ID CODE IS SIGLA/CTO THANK YOU FOR BOOKING WITH CARLSON WAGONLIT TRAVEL FOR EMERGENCIES DURING BUSINESS HOURS. PLEASE CALL 1-899-945-9535 FARE-A41 YCA CAR DECLINED/41/11FEB LODGING DECLINED/41/11FEB

37/626 CONTRACT CARRIER USED FOR ENTIRE TRIP? UB-COEOMA,X UB-96X3188, , U7-12FEB99 3000000902385G6 UB-665**6363666** 

CTAURU, 096252, COEUMA 555101 8012001 1.4: PASSENGER RECEIPT BOARDING PASS ARC SEE WNITED AIRLINES A28926122 GOUGER/TIM XXXXX ALMEUN TVL OMAHA US TEFER 9 RLVMTI/AA YCA OORD UA1848 Y 17FEBYCE \*\*MOT VALID FOR\*\* THIS IS YOUR RECEIP NO TO RAMS PORTATION \* 036745 / FCOMA UA CH11 122.22 NA OMA122.22YCA 244.44 END ZPOMA2ORD2 XFORD3 244 66 NOT VALID FOR TRAVE 19.56 # 016 7617565618 e 4.90 39800382893 D D16 7617565618 6 USD 271.00 AA28926122

DOCUMENT IS HEAT SENSITIVE -

4. 1

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL (Reference: Joint Travel Regulations) Travel Authorized as indicated in items 2 through 21											1. DATE OF REQUEST
		Travel	Authorized	·····	<del></del>						19-JUL-1999
					EQUEST FOR OF						
2.NAME	(Last, First,	Middle Ini	tial)	SSN		3.	.POSIT	ION TITLE AND	GRADE OR	RATIN	1G
GOUGER, TI	MOTHY P					EV	NVIRON	MENTAL ENGINEE	GS12		
4.OFFICIAL	. STATION PONSE RESIDEN	T OFFICE		į:			.ORGAN	IIZATIONAL ELEM	IENT	6.PHC	ONE NO.
OFFUTT, AF				ļ			ENWO-C	D-FC-R		402-2	293-2514
7.TYPE OF	ORDERS			8.SECUR	ITY CLEARANCE		9. PURPOSE OF TDY				
TEMPORARY	DUTY			[		TE	ech su	PPORT			
	NO. DAYS OF			b.PROCE	ED O/A (DATE)	,					
(Including travel time) 17-FE				7-FEB-1999	C.	ategor	RY SITE VISIT-	OPERATION	NAL/MN	NGRIAL	
11.ITINERA	RY			YVA	RIATION AUTHO	ORIZED					
FROM: O		Las nebrask	A PROCEED OF		1999 AT 600 ART ON 17-FEB		AT 190	0 HRS			
12.MODE OF	TRANSPORTAT	'ION	TP TF	RNSPN REQ	- PLANE						
	COMMERCI	iAL		GOVERNMENT		r	PRIVATELY OWNED CO			CONV	VEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP		RATE PER MILE:	0.0000		
نـــن	DETERMINED		LATE TRANSPO	PRTATION (	OFFICER			_ constructiv	mbursemen re cost of l per diem	nt and f comm n as d	d per diem limited to non carrier transportation determined in JTR. Travel
OTHER R	X PER DIEM ATE OF PER D		D IN ACCORDA	NCE WITH	JTR						
14.ESTIMAT	ED COST									1	5.ADVANCE AUTHORIZED
PER DIEM	\$162.00	TRAVEL	\$318.43	OTHER \$50.0				TOTAL \$530.43			\$.00
	ed For Addit	ional Remar	rks	-							ccess baggage, etc.)
17.REQUEST /ELECTRONI	ING OFFICIAL CALLY SIGNED TION ASSISTA	) BY/ DARLEN	Title and si	ignature) R		18.APP	PROVING	G OFFICIAL ALLY SIGNED BY, ION ASSISTANT	(Title a	nd si	gnature)
TRANSPORTA	TION ASSISTA		19-000-1		AUTHORI	ــــــــــــــــــــــــــــــــــــــ		TON ASSISTANT	<del></del>		
			<del></del>		AUINORI				<del></del>		
19.ACCOUNT	ING CITATION					100%				•	
/ELECTRONI	UTHORIZING O CALLY SIGNED MANAGEMENT O	BY/ DARLEN		and signa		OR AUTH			21.		ISSUED 9-JUL-1999
9501 JOHN	J. PERSHING		OMAHA NR681	12					22.		L ORDER NUMBER

	ORPS OF ENGINEERS OR OFFICIAL TRAVEL	DATE ISSUED 19-JUL-1999
NAME (Last, Pirst) GOUGER, TIMOTHY P		TRAVEL ORDER NUMBER 902385G6
	<del> </del>	

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/PROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

	· · · · · · · · · · · · · · · · · · ·						<del></del>		
•	·	nce: Joint '	R TDY TRAVEL OF Travel Regulat: cated in items	ions)			1. DATE OF REQUEST		
<del> </del>		1	REQUEST FOR OF	FICIAL TRAV	EL		i		
2.NAME (Last,First,	Middle Initial)	SSN		3.POSI	TION TITLE AND GRADE	OR RATI	NG		
GOUGER, TIMOTHY P			ENVIRO	NMENTAL ENGINEER		GS12			
4.OFFICIAL STATION RAPID RESPONSE RESIDENT	r OFFICE			5.ORGA	NIZATIONAL ELEMENT	ONE NO.			
OFFUTT, AFB, NE				CENWO-	CD-FC-R	293-	2500		
7.TYPE OF ORDERS TEMPORARY DUTY		8.SECU	RITY CLEARANCE	9.PURP TECH S	OSE OF TDY UPPORT				
10a.APPROX NO. DAYS OF (Including travel		b.PROC	CATEGO	RY SITE VISIT-OPERAT	IONAL/M	NGRIAL			
11.ITINERARY		Y	ARIATION AUTHOR	RIZED			-		
LEG: 1 OF 1 AMENDMENT FROM: OMAHA / DOUGL TO : CHICAGO / DU	AS NEBRASKA PROCE				00 HRS				
12.MODE OF TRANSPORTAT	ION TP -	- TRNSPN RE	Q - PLANE						
COMMERCI	AL		GOVERNMENT		PRIVATELY OWN		NED CONVEYANCE (Check one)		
RAIL AIR XX	BUS SHIP	AIR	VEHICLE	SHIP 	RATE PER MILE:				
AS DETERMINED :	BY APPROPRIATE TRA	NSPORTATION	OFFICER	·	constructive cost	ment an of com iem as	d per diem limited to mon carrier transportation determined in JTR. Travel		
13. X PER DIEM OTHER RATE OF PER D	AUTHORIZED IN ACC IEM(Specify)	CORDANCE WIT	н ЈТК						
14.ESTIMATED COST		<del></del>	<del></del>			<u> </u>	15.ADVANCE AUTHORIZED		
PER DIEM \$162.00	TRAVEL \$32	21.00	OTHER \$	50.00	TOTAL \$533.00		\$.00		
16.REMARKS (Use this space for special requirements, leave, superior or 1st-class accommodations, excess baggage, etc.) RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.  IF TRIP IS CANCELLED OR CHANGED, TRAVELER IS LIABLE FOR ISSUED/UNUSED TICKETS UNTIL TURNED IN WITH TVL VOUCHER OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT. TRAVEL ADVANCE MUST BE SETTLED WITHIN 15 DAYS OF COMPLETION OF TRAVEL. FAILURE TO DO SO WILL RESULT IN COLLECTION ACTION.									
17.REQUESTING OFFICIAL (Title and signature)   18.APPROVING OFFICIAL (Title and signature)   /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN   /ELECTRONICALLY SIGNED BY/ JEROME M WOODS   SUPERVISORY CIVIL ENGINEER 12-FEB-1999   SUPERVISORY CIVIL ENGINEER 12-FEB-1999									
			AUTHORI	ZATION					
19.ACCOUNTING CITATION				100%					
20.ORDER AUTHORIZING O  /ELECTRONICALLY SIGNED  LOGISTICS MANAGEMENT O	BY/ MARILYN B MI	itle and sig		OR AUTHENTI L CLERK	CATION		ISSUED 12-FEB-1999		
10G1S11CS MANAGEMENT O					į	22.TRAV	EL ORDER NUMBER		

DD FORM 1610, 1 JUN 67

OMAHA, NE68112

90238566

902385G6

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<u>A</u> ction	<u>E</u> dit	<u>B</u> lock	<u>F</u> ield	<u>R</u> ecord	Query	E <u>S</u> IG	<u>H</u> el	р			· · · · · · · · · · · · · · · · · · ·	<u>-</u>
					-							
Assiç	ined C	heck No:	1056	75					t No Trace:		5893	
Re	eplacer	nent No:	:		<u> </u>	Pmt Me	thod:		DSSN:			Ea?:
		Туре:	TRV	SETLMT	<u>]</u>				FOA Code:			
	Che	ck Date:	24-F	KB-1999				Refe	erence No:	9023850	<b>3</b> 6	
		Amount	:		53.25		_		Currency:	បន		·
		Status:	PRIN	TED				F	C Amount:			
		Payee:	TIMO	THY P (	COUCER						•	
												i
	Ceri	ùfied By:	AUTR	Y, SHIRI	EY LE					Date Si	gned: 24-FE	B-1999
Initial Signature: AE594B9DA684ECF536D  Disbursing Officer's Signature: 36D4592F  View Spoil/Void Remarks												
Prev P				rev	Next.	Query	,	List	Save	Exit		Next Page
Press F2		er a quei	ry.									
Record: 1	171											

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:49:31

ORGANIZATION TITLE: HAZARD, TOXIC & RADIO. WASTE BR

TIMEKEEPER:

17 SUPERVISOR: CT03

NAME: HADLEY D

PLSA: E CUTOFF DATE IS: 01/30/1999 PAY PERIOD ENDING: 01/30/1999 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 01/30 Total 

B03021 3.00 2.00 2.00 1.00 8.00 L12915 8.00 5.00 4.00 6.00 6.00 4.00 6.00 L19727 1.00 4.00 2.00 7.00 L35225 2.00 18.00 LEAVE 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: RICHARDSON, J R JOB TITLE: SUPV CONTRACT SPECIALIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00 B.00 8.00 8.00 8.00 8.00 80.00

ALV=

OLV=

NON=

REG≈ 72.00 HOL=

8.00

SP-RATE-HRS=

FOR THESE WORK ITEMS:



002ZN5 SITE 2, SAUGET CONSTR ORDERING NO.

### LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:49:31

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CT03

FOR TIMEKEEPER: 17

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT ≈ 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00 Y

CERTIFIED

HADLEY D

\*\*\* E N D O F R E P O R T - 27-DEC-2000 - 10:49 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:50:12

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

B00594

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 01/30/1999 PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 01/30 Total

L35672 1.00 1.00 1.00 3.00 LEAVE 8.00 8.00

LEAVE 4 8.00 8.00 16.00

\*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

7.00 7.00 7.00

8.00 8.00 8.00 8.00 8.00

80.00

53.00

8.00 8.00 8.00 8.00

56.00 HOL= REG=

OVT=

ALV=

OLV=

NON=

24.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

\*\* G6 \*\* Certlabr.2.1.19 595

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:50:12

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 10:50 - SID G6CEFMP1 \*\*\*

-----

#### LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 10:49:50

ORGANIZATION TITLE: HAZARD, TOXIC & RADIO. WASTE BR

TIMEKEEPER:

17 SUPERVISOR: CT05

NAME:OVERGAARD P

FLSA: E CUTOFF DATE IS: 01/30/1999 PAY PERIOD ENDING: 01/30/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/17 01/18 01/19 01/20 01/21 01/22 01/23 01/24 01/25 01/26 01/27 01/28 01/29 01/30 Total 

B03021 8.00 8.00 8.00 8.00 5.00 37.00 L35225 8.00 8.00 L35658 3.00 3.00 LEAVE 8.00 LEAVE 8.00 8.00 8.00 24.00

\*The above hours were ELECTRONICALLY SIGNED ON: 01-FEB-1999

BY: RICHARDSON, J R JOB TITLE: SUPV CONTRACT SPECIALIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00

80.00

48.00 HOL= REG=

OVT=

ALV=

OLV=

NON= 32.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002ZN5 SITE 2, SAUGET CONSTR ORDERING NO.

certlabr.2.1.19 594 , G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:49:50

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CT05 FOR TIMEKEEPER: 17

LABOR-COST FROM : 01/17/1999

LABOR-COST TO : 01/30/1999

EMPLOYEE COUNT = 1

EMPLOYEE OVERGAARD P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\*\*\*\*\*\*\*\* \*\*\* END OF REPORT - 27-DEC-2000 - 10:49 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1 Date: 27-DEC-2000

TIME: 10:50:51

80.00

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

G6 -

FLSA: E CUTOFF DATE IS: 02/13/1999 PAY PERIOD ENDING: 02/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/31 02/01 02/02 02/03 02/04 02/05 02/06 02/07 02/08 02/09 02/10 02/11 02/12 02/13 Total

						•	
B02584			2.00				2.00
L21275					5.00		5.00
L27662		3.00	1.50				4.50
L28940				6.00			6.00
L30947				2.00			2.00
L32424						4.00	4.00
L32565					3.00	•	3.00
L34144		3.75				4.00	7.75
LEAVE		1.25	4.50				5.75
*The abo	ove hours were ELECTRONICALL	Y SIGNE	D ON: 0	8-PEB-1	999		

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B04485		3.50		2.00		5.50
L10653				4.00	1.00	5.00
L21275	3.00		2.00	2.00	1.00	8.00
L32424			1.50			1.50
L35733					5.25	5.25
LEAVE					0.75	0.75
LEAVE	5.00	4.50	4.50			14.00

\*The above hours were ELECTRONICALLY SIGNED ON: 16-FEB-1999

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

8.00 8.00 8.00 8.00 8.00

REG= 59.50 HOL= OVT= ALV= 6.50 OLV= NON= 14.00 SP-RATE-HRS=

8.00 8.00 8.00 8.00 8.00

FOR THESE WORK ITEMS:

Employee Totals:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

5 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:50:51

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/31/1999

LABOR-COST TO : 02/13/1999

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED 80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 10:50 - SID G6CEFMP1 \*\*\*

\*.G6 LABOR COST REPORT WITH CERTIFICATION

8.00

Page: 1

Date: 27-DEC-2000

TIME: 10:51:17

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

B01397

LEAVE

FLSA: E CUTOFF DATE IS: 02/13/1999 PAY PERIOD ENDING: 02/13/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/31 02/01 02/02 02/03 02/04 02/05 02/06 02/07 02/08 02/09 02/10 02/11 02/12 02/13 Total

1.50	1.50
	14.50
	7.00
6.50	6.50
	2.50
W JOB TITLE: SUPERVISORY CHEMIST	
1.50	1.50
7.00	7.00
2.50	2.50
8.00 8.00	16.00
8.00	8.00
1	1.50  6.50  W JOB TITLE: SUPERVISORY CHEMIST  1.50  7.00  2.50  8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 12-FEB-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

\_\_\_\_\_\_

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

5.00

8.00

REG= 72.50 HOL=

OVT=

ALV= 7.50 OLV=

NON=

SP-RATE-HRS=

4.00 1.00

FOR THESE WORK ITEMS:



002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

### LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:51:17

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 01/31/1999

LABOR-COST TO : 02/13/1999

EMPLOYEE COUNT = 1

.

employee beran e REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL 80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 10:51 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000

Page: 1

TIME: 10:51:35

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 . SUPERVISOR: ED26

NAME: THOMASON P

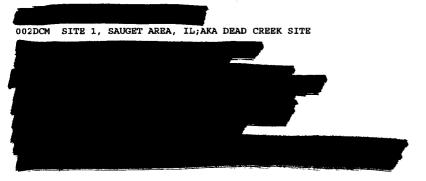
FLSA: E CUTOFF DATE IS: 02/13/1999 PAY PERIOD ENDING: 02/13/1999

CHARGE WORK HRS SH N EV CODE ITEM TYP CD D HZ 01/31 02/01 02/02 02/03 02/04 02/05 02/06 02/07 02/08 02/09 02/10 02/11 02/12 02/13 Total B02584 2.00 2.00 L21275 5.00 5.00 L27662 3.00 1.50 4.50 L28940 6.00 6.00 2.00 L30947 2.00 L32424 4.00 4.00 L32565 3.00 3.00 L34144 3.75 4.00 7.75 1.25 4.50 5.75 \*The above hours were ELECTRONICALLY SIGNED ON: 08-FEB-1999 BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST B04485 3.50 2.00 5.50 L10653 4.00 1.00 5.00 L21275 3.00 2.00 2.00 1.00 8.00 L32424 1.50 1.50 L35733 5.25 5.25 LEAVE 0.75 0.75 LEAVE 5.00 4.50 4.50 14.00 \*The above hours were ELECTRONICALLY SIGNED ON: 16-FEB-1999 BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00 80.00

59.50 HOL= OVT= ALV= 6.50 OLV= NON= 14.00 SP-RATE-HRS= REG=

FOR THESE WORK ITEMS:



LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000

TIME: 10:51:35

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 01/31/1999

LABOR-COST TO : 02/13/1999

EMPLOYEE COUNT = 1 

EMPLOYEE CERTIFIED

THOMASON P

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 10:51 - SID G6CEFMP1 \*\*\*

- v2.1.6 ------ LABOR COST TRANSFER VIEW SCREEN ------ 2.64 -+

EMPLOYEE ID:

GOUGER

TIMOTHY P

PAY PERIOD END DATE: 24-OCT-1998 WORK DATE: 22-OCT-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP:

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 16.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP:

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+---- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ------ F10 EXIT ----+

Count: 3

<Replace>

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:52:19

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

NAME: GOUGER T

TIMEKEEPER: 1J SUPERVISOR: CD17

FLSA: E CUTOFF DATE IS: 10/24/1998

PAY PERIOD ENDING: 10/24/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 10/24 Total 

B00594 L28473 LEAVE

8.00 8.00 8.00 8.00

8.00 8.00

8.00 56.00

8.00

8.00

16.00 8.00

8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-OCT-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 72.00 HOL=

OVT=

ALV=

OLV=

NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

certlabr.2.1.19 601 \* G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:52:19

CERTIFIED

Y

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/11/1998

LABOR-COST TO : 10/24/1998

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 10:52 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ------ 2.64 -+

EMPLOYEE ID: GOUGER

TIMOTHY P

PAY PERIOD END DATE: 19-DEC-1998

WORK DATE: 08-DEC-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP:

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 10.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP:

ON: 19-FEB-1999

APPROVED BY: KIMBERLY A BURGE

+---- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ------ F10 EXIT ----+

Count: 2

LABOR COST REPORT WITH CERTIFICATION

Page: 1

8.00 8.00 8.00 8.00

SP-RATE-HRS=

Date: 19-DEC-2001

80.00

TIME: 16:13:43

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 12/19/1998 PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/06 12/07 12/08 12/09 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Total 

B00589 4.50 4.50 B00594 6.00 5.00 8.00 8.00 6.00 8.00 8.00 8.00 L28473 2.00 8.00 10.00 LEAVE 3.50 3.50 LEAVE 3.00 2.00 5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

OVT=

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

NON=

5.00

3.50 OLV=

8.00 8.00 8.00 8.00

AT.V=

REG= 71.50 HOL∞ FOR THESE WORK ITEMS:

Employee Totals:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 19-DEC-2001

TIME: 16:13:43

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17 FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

\*\*\* E N D O F R E P O R T - 19-DEC-2001 - 16:13 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ----- 2.64 -+

EMPLOYEE ID: GOUGER

TIMOTHY P

PAY PERIOD END DATE: 16-JAN-1999 WORK DATE: 15-JAN-1999

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP:

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 16.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP:

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+---- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ------ F10 EXIT ----+

Count: 3

\*G6

### LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 20-DEC-2001 TIME: 08:13:13

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total 

6.00 6.00 6.00 3.00 4.00 B00594 6.00 7.00 6.00 44.00 B00667 8.00 8.00 L28473 2.00 2.00 2.00 3.00 2.00 2.00 1.00 2.00 16.00 LEAVE 2.00 2.00 4.00 LEAVE 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 68.00 HOL=

OVT=

ALV= 4.00 OLV= NON=

8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 20-DEC-2001

TIME: 08:13:13

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

GOUGER T

\*\*\* E N D O F R E P O R T - 20-DEC-2001 - 08:13 - SID G6CEFMP1 \*\*\*

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM -- v2.1.6 ----- LABOR COST TRANSFER VIEW SCREEN ------ 2.64 -+

EMPLOYEE ID: GOUGER

TIMOTHY P

PAY PERIOD END DATE: 24-OCT-1998

WORK DATE: 22-OCT-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP:

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 16.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP:

APPROVED BY: KIMBERLY A BURGE ON: 19-FEB-1999

+---- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ------ F10 EXIT ----+

Count: 2

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 20-DEC-2001 TIME: 08:20:20

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER: NAME: GOUGER T

1J SUPERVISOR: CD17

FLSA: E CUTOFF DATE IS: 10/24/1998 PAY PERIOD ENDING: 10/24/1998

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CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 10/11 10/12 10/13 10/14 10/15 10/16 10/17 10/18 10/19 10/20 10/21 10/22 10/23 10/24 Total 

B00594 8.00 8.00 8.00 8.00 8.00 8.00 8.00 56.00 L28473 8.00 8.00 16.00

LEAVE 8.00 \*The above hours were ELECTRONICALLY SIGNED ON: 26-OCT-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals: 8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 80.00

8.00 SP-RATE-HRS= REG= 72.00 HOL= OVT= ALV= OLV= NON=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Y

80.00

Date: 20-DEC-2001

TIME: 08:20:20

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 10/11/1998

LABOR-COST TO : 10/24/1998

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

GOUGER T

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\*\*\* END OF REPORT - 20-DEC-2001 - 08:20 - SID G6CEFMP1 \*\*\*

+---- <F2> ENTER QUERY ----- <F3> EXECUTE QUERY ------ F10 EXIT -----+

Count: 3

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**3**6

### LABOR COST REPORT WITH CERTIFICATION

Date: 27-DEC-2000

Page: 1

TIME: 10:51:58

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 01/16/1999 PAY PERIOD ENDING: 01/16/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 01/03 01/04 01/05 01/06 01/07 01/08 01/09 01/10 01/11 01/12 01/13 01/14 01/15 01/16 Total 

4.00 B00594 6.00 6.00 6.00 3.00 6.00 7.00 6.00 44.00 B00667 8.00 8.00 L28473 2.00 2.00 2.00 3.00 2.00 2.00 1.00 2.00 16.00 LEAVE 2.00 2.00 4.00 LEAVE 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 19-JAN-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 68.00 HOL≃

ALV= 4.00 OLV= NON=

SP-RATE-HRS=

OVT=

8.00

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

ertlabr.2.1.19 600 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:51:58

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 01/03/1999

LABOR-COST TO : 01/16/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

CERTIFIED

GOUGER T

\*\*\* END OF REPORT - 27-DEC-2000 - 10:51 - SID G6CEFMP1 \*\*\*

ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM - v2.1.6 ------ LABOR COST TRANSFER VIEW SCREEN ------- 2.64 -+

EMPLOYEE ID: GOUGER

TIMOTHY P

PAY PERIOD END DATE: 19-DEC-1998

WORK DATE: 08-DEC-1998

INVALID CHARGE CODE: L28473 WORK ITEM: 002DCL APPROP:

TYPE OF HOURS: RG SHIFT CODE: 0 NUMBER OF HOURS: 10.00

JUSTIFICATION:

DIFFERENT LABOR CHARGE CODE, SAME PROJECT

NEW CHARGE CODE: L35672 WORK ITEM: 002DCM APPROP:

APPROVED BY: KIMBERLY A BURGE

ON: 19-FEB-1999

+---- <F2> ENTER OUERY ----- <F3> EXECUTE QUERY ------ F10 EXIT ----+

Count: 2

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 20-DEC-2001

TIME: 08:26:18

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME:GOUGER T

FLSA: E CUTOFF DATE IS: 12/19/1998 PAY PERIOD ENDING: 12/19/1998

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/06 12/07 12/08 12/09 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Total 

B00589 4.50 B00594 6.00 5.00 8.00 8.00 6.00 8.00 8.00 8.00 57.00 L28473 2.00 8.00 10.00 LEAVE 3.50 3.50 LEAVE 3.00 5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 71.50 HOL≈ OVT=

ALV= 3.50 OLV=

NON=

5.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

√certlabr.2.1.19 629 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 20-DEC-2001

TIME: 08:26:18

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

CERTIFIED

\*\*\*\* E N D O F R E P O R T - 20-DEC-2001 - 08:26 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Action Edit Block Field Record Query ESIG Help  Charge Code: L21275	<b>Employee</b>	Tours Vie	w Screen	3.53.5	•					_   D   ×
Transaction Date: 22-FEB-1999 Source of Dispute:					E <u>S</u> IG	<u>H</u> elp				
Transaction Date: 22-FEB-1999 Source of Dispute:		_			-					
Transaction Date: 22-FEB-1999 Source of Dispute:			E	٦		<b>.</b>				
Effective Date: 22-FEB-1999		_	<b></b>			-	· · ;=	<u>a</u>		
Work Date: 19-FEB-1999			<del></del>				· —		<del></del>	
Employee's Org Code: C6LOFC0  Home Work Item: RF6104 ENGINERRING  Ordering Work Item: 002DCM  No of Hours: 18 Spec Rate: 0.00 Type: RG Shift: 0 Labor: 699.90  Env Haz Oth: Add on Factors:  General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	Effec	tive Date	22-FEB-	1999			_ =			
Home Work Item: RF6104 ENGINEERING Ordering Work Item: 002DCM  No of Hours: 18 Spec Rate: 0.00 Type: RC Shift: 0 Labor: 699.90  Env Haz Oth: Add on Factors:  General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	V	fork Date	19-FEB-	1999		Eor Be	nefits: 12	ZAB		
Ordering Work Item: 002DCH  No of Hours: 18 Spec Rate: 0.00 Type: RC Shift: 0 Labor: 699.90  Env Haz Oth: Night Diff: N Add on Factors:  General Overhead: 171.48 Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	Emple	yee ld No			Em	pl <b>oyee's</b> Org	Code: G	SLOFCO		•
No of Hours: 18 Spec Rate: 0.00 Type: RC Shift: 0 Labor: 699.90  Env Haz Oth: Night Diff: N Add on Factors:  General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	Home W	fork Item	RF6104	ENCINEER	NG					
Erry Haz Oth:  Night Diff: N  Add on Factors:  General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	Ordering W	fork Item	OOZDCM							
Erry Haz Oth:  Night Diff: N  Add on Factors:  General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page										
Night Diff: N Add on Factors:  General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	No o	f Hours:	18	Spec Ra	nte: 0.	00 Type:	RG :	Shift: 0 I	_abor:	699.90
General Overhead: 171.48  Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	Епу	Haz Oth:								
Indirect: 373.75  Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page	N	ight Diff:	N		Add	on Factors	:			
Total Labor Cost: 1245.13  Prev Page Prev Next Query List Save Exit Next Page						Gen	ieral Over	head: 17	1.48	
Prev Page Prev Next Query List Save Exit Next Page							Ind	lirect: 37	3.75	
						Total Lai	bor Cost:	12	45.13	
Record: 1/1	Prev Page		Prev	Next	Query	List	Save	Exit	<u>]</u>	Next Page
	Record: 1/1									

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 10:53:20

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 02/27/1999 PAY PERIOD ENDING: 02/27/1999 

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 02/14 02/15 02/16 02/17 02/18 02/19 02/20 02/21 02/22 02/23 02/24 02/25 02/26 02/27 Total 

L10873	4.00			1.00	5.00
L21275	4.00	8.00	3.00	3.00	18.00
L23980				4.00	4.00
LEAVE			5.00		5.00
LEAVE	8.00				8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 22-FEB-1999

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

B03822								3.00	3.00
B04425							4.00	3.00	7.00
L10873						8.00		2.00	10.00
L11880							4.00		4.00
L27072			. 3	.50	8.00				11.50
L29941			2	.00					2.00
LEAVE			2	.50					2.50

\*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-1999

BY: PETERS, PAULA K JOB TITLE: CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 64.50 HOL=

OVT= ALV= 7.50 OLV=

NON= 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

### LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 10:53:20

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 02/14/1999

LABOR-COST TO : 02/27/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

CERTIFIED

BERAN E

80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 10:53 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*

CHARGE CODE: L35672

TRANSACTION DATE: 26-FEB-1999

EFFECTIVE DATE: 26-FEB-1999

WORK DATE: 18-FEB-1999

EOR PAY: 11BB

EOR BENEFITS: 12AB EMPLOYEE'S ORG CODE: G6M1JR0 EMPLOYEE ID NO: HOME WORK ITEM: RF6400 AREA OFFICE COSTS ORDERING WORK ITEM: 002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK S NO OF HOURS: 8 SPEC RATE: 0.00 TYPE:RG SHIFT:0 LABOR: 311.07 ENV HAZ OTH: NIGHT DIFF :N ADD ON FACTORS: GENERAL OVERHEAD 76.21 INDIRECT 108.87 TOTAL LABOR COST +--- F2 ENTER QUERY --- F3 EXECUTE QUERY --- <PqUp> PREV BLOCK --- F10 END ----+

Count: \*1

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 10:53:41

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 02/27/1999 PAY PERIOD ENDING: 02/27/1999

CHARGE WORK HRS SH N EV

ITEM TYP CD D HZ 02/14 02/15 02/16 02/17 02/18 02/19 02/20 02/21 02/22 02/23 02/24 02/25 02/26 02/27 Total CODE 

B00594 8.00 8.00 8.00 4.50 5.00 8.00 8.00 8.00 57.50 L35672 8.00 8.00 LEAVE 8.00 8.00 3.50 3.00

\*The above hours were ELECTRONICALLY SIGNED ON: 26-FEB-1999

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

LEAVE

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

6.50

OVT=

REG= 65.50 HOL=

ALV=

OLV=

NON=

14.50 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

certlabr.2.1.19 605 ₃ G,6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

80.00

Date: 27-DEC-2000

TIME: 10:53:41

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17

FOR TIMEKEEPER: 1J

LABOR-COST FROM : 02/14/1999

LABOR-COST TO : 02/27/1999

EMPLOYEE COUNT = 1

CERTIFIED

**EMPLOYEE** GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 10:53 - SID G6CEFMP1 \*\*\*

CIC #: 99EPA SUPERFUND VOUCHER FOR TRANSFERS PAGE NO. 001 BILLED DATE 04-JAN-1999 BETWEEN APPROPRIATIONS AND/OR FUNDS ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 D.O. VOUCHER NO. BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. 28009728 28009728 PARTIAL # 3 01-DEC-1998 THRU 04-JAN-1999 BILLED OFFICE (MAIL TO): BILLING OFFICE (SEND REMITTANCE TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION 68 20 X 8145.0000 NA 96252 \$8,002.38 \$8,002.38 96 NA X LINE ITEM MOA DESCRIPTION 000001 CONTRACT - OUTSIDE GOVERNMENT 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR 000001 INHOUSE - LABOR SUBTOTAL PARTIAL AMOUNT PAID \$8,002.38 PAYMENT DUE DATE 03-FEB-1999 PAY THIS AMOUNT \$.00

CERTIFICATE OF OFFICE BILLED

AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER

FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$9,383.55 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$1,381.17 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$8,002.38 TOTAL FLUX BILLED: \$.00 DATE

\$.00

\$.00

DA FORM 4445-R APPROVED BY TREASURY -

FOR USE IN LIEU OF SF 1080

PREVIOUS FLUX BILLED:

CURRENT FLUX BILLED:

49.50 126,00 + 174.83 + 1,007.96 + 1,511.94. + 1,307.96 + 581 - 96 + 1,557-81 + 10480-64 + 83302.386+

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# TRANSACTION LISTING OMAHA DISTRICT

Page: 1 Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 12-1998

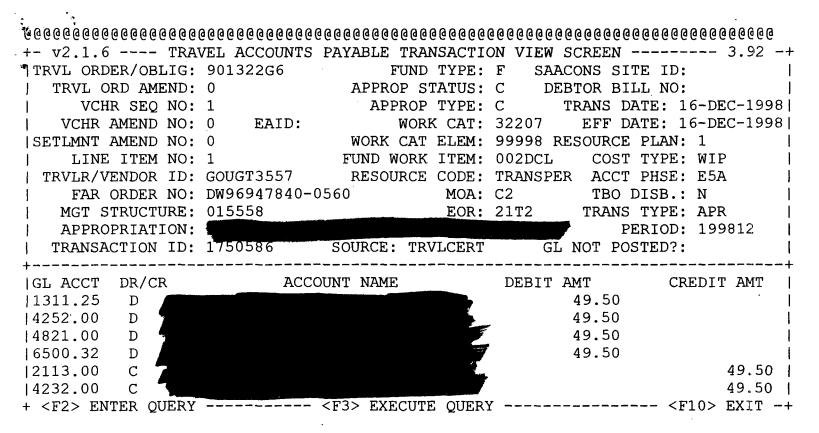
## CONTRACT - OUTSIDE GOVERNMENT

Transaction Date 01-DEC-1998 01-DEC-1998 16-DEC-1998	PR&C W59XQG82894147 W59XQG82894145 W59XQG83419716	Obligation 01/11-14-98C 01/11-14-98C 901322G6	Del Order No NA NA NA	Emp ID	Line Item 0001 0003	Resource Code TRANSPER TRANSPER TRANSPER	Accrual Ind	Total \$191.00 \$191.00 \$49.50
•				SUBTOTAL	COST:			\$431.50

### INHOUSE - LABOR

INHOUSE - LABOR									
Transaction Date	Charge Code	Work Date	Emp ID No	of Hours	Туре	Labor \$	G&A \$	Indirect \$	Total
02-DEC-1998	L21275	25-NOV-1998							\$503.98
02-DEC-1998	L21275	25-NOV-1998	3						\$126.00
07-DEC-1998	L21275	03-DEC-1998							\$174.83
14-DEC-1998	L21275	08-DEC-1998						27844	\$1,007.96
21-DEC-1998	L21275	16-DEC-1998							\$1,511.94
21-DEC-1998	L21275	18-DEC-1998	4						\$1,007.96
21-DEC-1998	L28473	08-DEC-1998							\$581.96
31-DEC-1998	L21275	31-DEC-1998	7						\$1,557.81
31-DEC-1998	L21275	29-DEC-1998							\$1,480.44
					÷				
				SUBTOTAL	r co	\$4,508.13	\$1,104.52	\$2,340.23	\$7,952.88
								TOTAL COST:	\$8,384.38

\*\*\* END OF REPORT - 19-DEC-2001 - 14:36 - SID.G6CEFMP1 \*\*\*



Count: 3 ^ v

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7. ADDRESS a.NUMBEI Privacy Act Informa 8. TELEPHONE NUMBEI 402-293-2514	R 9. TRAVE	CY ACT Info			,			L			ANCES	ĺ	PAID BY 8736 CE FINAN				
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	esidence nebraska		11	мс													
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18. POC TRAY	EL :X one/		OWN/OPERATE		PASSE	GER			-	19. GO	VERNMENT T	RARSPORTATIO	W REQU	EST (GTRUMILITARY TRANS	PORTAT	TON
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25. COMPUTE	D BY	26.	. AUDITED BY	2	TRAVEL ORD	DER 2	S. RECEIVE	EB /Payee Sig	neture a	nd Date o	r Chack No.)			<del></del>	29. Ah	ROURT PAID

SALES PERSON: 43

ITINERARY/INVOICE NO. 0011923

DATE: 07 DEC 980 98

CUSTOMER NBR: 585101

TFHANL

PAGE: Ø1

TO: PICKUP Ø7DEC .

MAIL REFUNDS W/ORDERS TO-CARLSON WAGONLIT TRAVEL

COE/OMAHA

215 N 17TH STREET

ROOM 196B

OHAHA NE 68102

FOR: GOUGER/TIM

REF: CTAORD, Ø96252, COEOMA

98 DEC 98 - TUESDAY

AIR UNITED AIRLINES

FLT:1614

COACH

825A

EOP: BOEING 757

Ø1HR 21MIN

AR CHICAGO OHARE

LV CHICAGO OHARE

946A

NON-STOP

ARRIVE: TERMINAL 1

, . . . .

REF: WGPFDO

GOUGER/TIM

SEAT-23B

OTHER SEAT

HIDDLE SEAT BEST AVAILABLE AT TIME OF BOOKING, PLEASE RE-

CHECK AT GATE FOR BETTER SELECTION.

AIR UNITED AIRLINES

FLT:775

COACH 735P

ERF: BOEING 757

DEPART: TERMINAL 1

91HR 26MIN

AR OMAHA

9Ø1F

NON-STOP

REF: WGPFDO

GOUGER/TIM -

SEAT-3ØF

98 MAR 99 - MONDAY

OTHER INFORMATION

THANK YOU FOR CALLING CARLSON WAGONLIT TRAVEL

AIR TICKET ELEC TKT UA76Ø438984Ø

GOUGER TIM

BILLED TO

271.00\*

SUB TOTAL

NET CC BILLING

271.00\*

TOTAL AMOUNT DUE

0.00

CONTINUED ON PAGE 2

PASSENGER TICKET AND BAGGAGE CHECK CTAORD, #96252, COEONA 5S51B1 8811923 A43 PASSENGER RECEIPT BOYANDINGYAN SEX ARC BRIX UNITED AIRLINES XXXX AT28926122 MG OUSER/IIM MALNEDEN TYL OMAHA AHAMO PNBICABRIER CODE / A A FABE BASISTICKET DESIGNATOR MANGO OUGER/TIM \*\*NOT VALID FOR \* FIN'S IS YOUR RECEIPT 22.22 UA OMA122.22YCA 244.44 END ZPOMA2ORD2 XFORD3 ΧF 0 016 7604389840 6 271.00 USD AA28926122

CHAPTER CONTRACTOR

PSID 1# 18-12-¥20f 908-12-¥20f 908-08:04EK 0...5.25\$ 1F2535 NE

	F	_	ND AUTHORIZA (Reference	: Joint	Trave	el Regulat	ions)			EL		1. DATE OF REQUEST
		Travel	Authorized			ST FOR OF						04-MAR-1999
2.NAME	(Last, First, Mi	ddle Ini	tial)	SSN			<del></del>		_	ON TITLE AND GRADE	חס פארי	ING
		ddie ini	LIGI	SSN			į				OR RAI.	
GOUGER, TI							<del>i</del>			ENTAL ENGINEER		GS12
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OFFUTT, AF	B, NE			<del></del>				CENWO-C	CD-	-FC-R 	402	·293-2514 
7.TYPE OF TEMPORARY				8.SECU	RITY	CLEARANCE	,	9.PURPO TECH SU		3 OF TDY PORT		
10a.APPROX	NO. DAYS OF T	TDY		b. PROC	EED C	/A (DATE)						
	ding travel ti 1			ĺ		C-1998	ļ	CATEGOR	RY	SITE VISIT-OPERA	TIONAL/	ngrial
11.ITINERA	RY			Y V	'ARIAT	OHTUA NOI	RIZED					
FROM: O	1 AMENDMENT MAHA / DOUGLAS HICAGO / DU PA	NEBRASK	A PROCEED ON					AT 190	00	HRS		
12.MODE OF	TRANSPORTATIO	N	TP - TR	NSPN RE	Q - P	LANE						
	COMMERCIAL				G	OVERNMENT				PRIVATELY O	WNED CON	VEYANCE (Check one)
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OTHER RA	PER DIEM A ATE OF PER DIE		O IN ACCORDA	NCE WITH	H JTR							
14.ESTIMAT	ED COST											15.ADVANCE AUTHORIZED
PER DIEM	\$162.00	TRAVEL	\$318.43		OTHE		50.00		T	OTAL \$530.43		\$.00
	ed For Additio	nal Reman	rks	·			•			t-class accommodat		xcess baggage, etc.)
17.REQUEST	ING OFFICIAL CALLY SIGNED B TION ASSISTANT	(T Y/ DARLEN	Fitle and si	gnature)		ON OF TRA	18.A	PPROVIN	G AL		le and s	ignature)
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19.ACCOUNT	ING CITATION						1009	ł				
/ELECTRONIC LOGISTICS	UTHORIZING OPF CALLY SIGNED B MANAGEMENT OFF	y/ Darlen ICE	-	and sign	nature			THENTIC TION AS				ISSUED 04-MAR-1999 EL ORDER NUMBER
SOUT OOHN	J. PERSHING DR		MAHA NRESI	12							ZZ.TKAV	BU OKDEK NOMBEK

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 04-MAR-1999
NAME (Last, First) GOUGER, TIMOTHY P	TRAVEL ORDER NUMBER 901322G6

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OPPICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT' OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

		,	(Reference:	Joint 7	R TDY TRAVEL Travel Regula cated in item	tions)			IL.		1. DATE OF REQUEST 07-DEC-1998
<u> </u>	<del></del>			ı	REQUEST FOR O	FFICIA	L TRAVE	EL			
2.NAME	(Last,First	,Middle Ini	tial)	SSN			3.POSIT	rio	N TITLE AND GRADE	OR RATI	NG
GOUGER, TI	мотну р						ENVIRON	NME	NTAL ENGINEER		GS12
4.OFFICIAL	STATION ONSE RESIDE	NT OFFICE					5.ORGAN	NIZ	ATIONAL ELEMENT	6 . PI	HONE NO.
OFFUTT, AF							CENWO-C	CD-	FC-R	293-	2500
7.TYPE OF				8 . SECUI	RITY CLEARANC	E	9.PURPO TECH SU		OF TDY PORT		
	NO. DAYS O	F TDY		b. PROCI	EED O/A (DATE	<del>,</del>					
	ding travel			Ì	08-DEC-1998		CATEGOR	RY	SITE VISIT-OPERAT	IONAL/N	INGRIAL
11.ITINERA	RY			YV	ARIATION AUTH	ORIZE	)				
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	DETERMINED		IATE TRANSPO	DRTATION	OFFICER	<u> </u>			constructive cost	ment ar of con iem as	nd per diem limited to mon carrier transportation determined in JTR. Travel
13.	ij	M AUTHORIZE	D IN ACCORDA	NCE WITH	H JTR						
14.ESTIMAT	ED COST				*						15. ADVANCE AUTHORIZED
PER DIEM	\$162.00	TRAVEL	\$321.00	)	OTHER	\$50.00	)	Т	OTAL \$533.00	_	\$.00
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					AUTHOR	IZATIO					· · · · · · · · · · · · · · · · · · ·
19.ACCOUNT	TING CITATIO	ON				100	0%				
/ELECTRON	AUTHORIZING ICALLY SIGNE K AREA OFFIC	ED BY/ JANIC		and sig	•		JTHENTI SSISTAN			21.DATI	S ISSUED 07-DEC-1998
USACE			P.O. BOX 13: OFFUTT, AFB		3					22.TRA	VEL ORDER NUMBER 901322G6

DD FORM 1610, 1 JUN 67

90132266

OF THIS SYSTEM. THIS COMPUTER SYSTEM, INCLUDING ALL RELATED EQUIPMENT, v2.1.12 ----- VIEW CHECK REGISTER SCREEN ----- 6.47 --+ ASSIGNED CHECK NO: 77393 CHECK NO TRACE: 1800032353 PAYM METHOD: EFT DSSN:8736 EA?: REPLACEMENT NO: TYPE: TRV SETLMT FOA CODE:G6 REFERENCE NO: 901322G6 CHECK DATE: 17-DEC-1998 49.50 CURRENCY: US AMOUNT: FOR CURR AMT: STATUS: PRINTED PAYEE: TIMOTHY P GOUGER CERTIFIED BY: AUTRY, SHIRLEY LE DATE SIGNED: 17-DEC-1998 INITIAL SIGNATURE: D4022C1DC16F06A1 | DISBURSING OFFICER'S SIGNATURE: +-- <F2> ENTER QUERY ------ <F3> EXECUTE QUERY ----- <F10> EXIT ----+

Press F2 to enter a query. Count: \*3

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:36:59

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 12/05/1998 PAY PERIOD ENDING: 12/05/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 11/22 11/23 11/24 11/25 11/26 11/27 11/28 11/29 11/30 12/01 12/02 12/03 12/04 12/05 Total 

1.21275 8.00 8.00 L29941 8.00 8.00 L30110 8.00 8.00 LEAVE 8.00 8.00 8.00 8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 02-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

7.00 8.00 B01397 15.00 L29729 8.00 8.00 16.00 L29941 8.00 8.00 LEAVE 1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 07-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 63.00 HOL= ovr=

ALV= 9.00 OLV= NON≈ 8.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:36:59

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 11/22/1998

LABOR-COST TO : 12/05/1998

EMPLOYEE COUNT = 1 

TOTAL CERTIFIED 80.00 Y EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

BERAN E

\*\*\* END OF REPORT - 27-DEC-2000 - 09:37 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:36:34

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION 59 SUPERVISOR: ED26 TIMEKEEPER:

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 12/05/1998 PAY PERIOD ENDING: 12/05/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 11/22 11/23 11/24 11/25 11/26 11/27 11/28 11/29 11/30 12/01 12/02 12/03 12/04 12/05 Total 

L21275	2.00		2.00
L26609	8.00		00.8
L27079	. 2.00		2.00
L30110	3.00		3.00
LEAVE	1.00		1.00
LEAVE		8.00	a.00
LEAVE	8.00	8.00	16.00
*The above hours were ELECTRONI	CALLY STONED ON: 02-DEC-	1998	

The above hours were ELECTRONICALLY SIGNED ON: 02-DEC-1998

	BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST	
B02584		1.50 1.50
L13140	1.00	1.00
L21674	4.00	4.00
L23644	8.00 8.00	16.00
L25131	2.00	2.00
L28026	1.00	4.00 5.00
LEAVE		2.50 2.50
LEAVE	8.00	8.00
1		

\*The above hours were ELECTRONICALLY SIGNED ON: 07-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

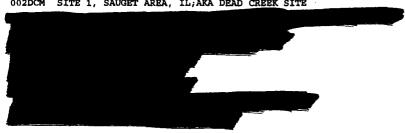
REG= 44.50 HOL=

OVT= ALV≈ 3.50 OLV=

NON= 32.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE



LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:36:34

CERTIFIED

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 11/22/1998

LABOR-COST TO : 12/05/1998

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL
80.00

\*\*\* END OF REPORT - 27-DEC-2000 - 09:36 - SID G6CEFMP1 \*\*\*

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:37:19

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER: 74 SUPERVISOR: ED05

NAME: CONNEALY D

G6

B02584

FLSA: E CUTOFF DATE IS: 12/05/1998 PAY PERIOD ENDING: 12/05/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 11/22 11/23 11/24 11/25 11/26 11/27 11/28 11/29 11/30 12/01 12/02 12/03 12/04 12/05 Total

B02584 4.00 2.00 4.00 4.00 14.00 L26606 4.00 4.00 8.00 L29453 4.00 4.00 8.00 LEAVE 8.00 8.00 2.00 LEAVE 2.00

\*The above hours were ELECTRONICALLY SIGNED ON: 01-DEC-1998

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

L21275 2.00 2.00 L28958 3.00 3.00 L28964 2.00 2.00 6.00 L28971 6.00 2.00 1,29729 2.00 2.00 L30110 2.00 L31224 3.00 3.00

\*The above hours were ELECTRONICALLY SIGNED ON: 07-DEC-1998

BY: MONZINGO, JOHN W JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

6.00 2.00 2.00 2.00 8.00

80.00

20.00

REG= 70.00 HOL=

OVT=

ALV=

OLV≈

NON= 10.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

**G6** 

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:37:19

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED05
FOR TIMEKEEPER: 74

LABOR-COST FROM : 11/22/1998

LABOR-COST TO : 12/05/1998

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

CONNEALY D

80.00 Y

\*\*\* END OF REPORT - 27-DEC-2000 - 09:37 - SID G6CEFMP1 \*\*\*

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»• G6 LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:38:02

8.00

1.00

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

B01397

FLSA: E CUTOFF DATE IS: 12/19/1998 PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/06 12/07 12/08 12/09 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Total

L21275 8.00 8.00 16.00 L29941 7.00 8.00 15.00

8.00

\*The above hours were ELECTRONICALLY SIGNED ON: 14-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

L21275 8.00 8.00 16.00 L29941 8.00 8.00 8.00

LEAVE 8.00 8.00 16.00

\*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals: 8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 80.00

REG= 63.00 HOL= OVT= ALV= 1.00 OLV= NON= 16.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2 Date: 27-DEC-2000

TIME: 09:38:02

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1 

EMPLOYEE BERAN E

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED 80.00 Y

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

\*\*\* END OF REPORT - 27-DEC-2000 - 09:38 - SID G6CEFMP1 \*\*\*

4.G6

### LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 09:39:08

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION 59 SUPERVISOR: ED26 TIMEKEEPER:

NAME: THOMASON P

FLSA: E CUTOFF DATE IS: 12/19/1998 PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/06 12/07 12/08 12/09 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Total 

B02584		1.00			2.00		3,00
L10653			4.00			•	4.00
L23644		1.75		3.00	5.50	7.50	17.75
L26383				4.00			4.00
L30126		2.00					2.00
L30460			2.00				2.00
L32446				1.00			1.00
LEAVE		3.25	2.00		0.50	0.50	6.25
*The ab	ove hours were ELECTRONICALLY	SIGNE	D ON: 14	-DEC-1	998		

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

B03822 4.00 4.00 8.00 L21275 8.00 8.00 8.00 24.00 LEAVE 4.00 4.00 LEAVE 4.00 4.00

\*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

65.75 HOL= REG=

OVT=

ALV= 10.25 OLV=

NON= 4.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:



002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

certlabr.2.1.19 582 G6

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:39:08

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26
FOR TIMEKEEPER: 59

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE THOMASON P REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 09:39 - SID G6CEFMP1 \*\*\*

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LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000

TIME: 09:38:46

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME: BERAN E

L21275

FLSA: E CUTOFF DATE IS: 12/19/1998 PAY PERIOD ENDING: 12/19/1998 

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/06 12/07 12/08 12/09 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Total

B01397 L21275 L29941

8.00 8.00

7.00 8.00

8.00

1.00

\*The above hours were ELECTRONICALLY SIGNED ON: 14-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

8.00 8.00 8.00

L29941 8.00 LEAVE 8.00 8.00 16.00

\*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 3.00

80.00

8.00

16.00

15.00

1.00

16.00

REG= 63.00 HOL=

OVT=

ALV= 1.00 OLV=

NON= 16.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:38:46

CERTIFIED

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

 $\cdot$ 

employee Beran e

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

\*\*\* END OF REPORT - 27-DEC-2000 - 09:38 - SID G6CEFMP1 \*\*\*

\*G6

#### LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 09:38:25

ORGANIZATION TITLE: RAPID RESPONSE RESIDENT OFFICE

TIMEKEEPER:

1J SUPERVISOR: CD17

NAME: GOUGER T

FLSA: E CUTOFF DATE IS: 12/19/1998 PAY PERIOD ENDING: 12/19/1998

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/06 12/07 12/08 12/09 12/10 12/11 12/12 12/13 12/14 12/15 12/16 12/17 12/18 12/19 Total

B00589 4.50 4.50 6.00 8.00 8.00 8.00 5.00 8.00 8.00 6.00 57.00 B00594 2.00 8.00 L28473 10.00 3.50 3.50 LEAVE LEAVE 3.00 2.00 5.00

\*The above hours were ELECTRONICALLY SIGNED ON: 21-DEC-1998

BY: WOODS, JEROME M JOB TITLE: SUPERVISORY CIVIL ENGINEER

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

71.50 HOL=

OVT=

ALV= 3.50 OLV≃ NON= 5.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCL SAUGET AREA, IL (RAPID RESPONSE)

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:38:25

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: CD17
FOR TIMEKEEPER: 1J

LABOR-COST FROM : 12/06/1998

LABOR-COST TO : 12/19/1998

EMPLOYEE COUNT = 1

EMPLOYEE GOUGER T REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

80.00

CERTIFIED

\*\*\* END OF REPORT - 27-DEC-2000 - 09:38 - SID G6CEFMP1 \*\*\*

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certlabr.2.1.19 583 ³ G6

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 09:39:30

ORGANIZATION TITLE: CHEMISTRY SECTION

TIMEKEEPER:

74 SUPERVISOR: ED25

NAME:BERAN E

FLSA: E CUTOFF DATE IS: 01/02/1999 PAY PERIOD ENDING: 01/02/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/20 12/21 12/22 12/23 12/24 12/25 12/26 12/27 12/28 12/29 12/30 12/31 01/01 01/02 Total

8.00 8.00 8.00 L21275 24.00 4.00 8.00 4.00 L23440 16.00 8.00 7.00 15.00 L29941 1.00 LEAVE 4.00 5.00 8.00 LEAVE 4.00 8.00 20.00

\*The above hours were ELECTRONICALLY SIGNED ON: 31-DEC-1998

BY: CONNEALY, DEL W JOB TITLE: SUPERVISORY CHEMIST

Employee Totals:

8.00 8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00

80.00

REG= 55.00 HOL= OVT=

ALV= 5.00 OLV=

NON= 20.00 SP-RATE-HRS=

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Date: 27-DEC-2000

TIME: 09:39:30

CERTIFIED

Y

80.00

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED25

FOR TIMEKEEPER: 74

LABOR-COST FROM : 12/20/1998

LABOR-COST TO : 01/02/1999

EMPLOYEE COUNT = 1

EMPLOYEE

REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL

BERAN E

\*\*\* END OF REPORT - 27-DEC-2000 - 09:39 - SID G6CEFMP1 \*\*\*

.

LABOR COST REPORT WITH CERTIFICATION

Page: 1

Date: 27-DEC-2000 TIME: 09:39:52

ORGANIZATION TITLE: INDUSTRIAL HYGIENE SECTION TIMEKEEPER: 59 SUPERVISOR: ED26

NAME: THOMASON P

FLSA: E CUTOPF DATE IS: 01/02/1999 PAY PERIOD ENDING: 01/02/1999

CHARGE WORK HRS SH N EV

CODE ITEM TYP CD D HZ 12/20 12/21 12/22 12/23 12/24 12/25 12/26 12/27 12/28 12/29 12/30 12/31 01/01 01/02 Total

L21275 8.00 8.00 7.50 23.50 4.25 L23644 8.00 12.25 1.00 L32610 1.00 0.50 8.00 LEAVE 2.75 8.00 4.00 23.25 4.00 8.00 LEAVE 8.00 20.00

\*The above hours were ELECTRONICALLY SIGNED ON: 31-DEC-1998

BY: DAVIS, CHERYL A JOB TITLE: SUPV INDUSTRIAL HYGIENIST

Employee Totals:

8.00 8.00 8.00 8.00

8.00 8.00 8.00 8.00 8.00

80.00

REG= 36.75 HOL=

OVT≃

ALV= 23.25 OLV=

NON= 20.00 SP-RATE-HRS=

80.00

FOR THESE WORK ITEMS:

002DCM SITE 1, SAUGET AREA, IL; AKA DEAD CREEK SITE

LABOR COST REPORT WITH CERTIFICATION

Page: 2

Y

80.00

Date: 27-DEC-2000

TIME: 09:39:52

SUPERVISOR'S PAGE FOR LABOR REPORTS

FOR SUPERVISOR: ED26

FOR TIMEKEEPER: 59

LABOR-COST FROM : 12/20/1998

LABOR-COST TO : 01/02/1999

EMPLOYEE COUNT = 1

EMPLOYEE REGULAR HOLLIDAY OVERTIME ANNUAL LV OTHER LV NON-PD L SP-RATE TOTAL CERTIFIED

THOMASON P

\*\*\* END OF REPORT - 27-DEC-2000 - 09:39 - SID G6CEFMP1 \*\*\*

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

VOUCHER FOR TRANSFERS PAGE NO. 001 CIC #: 99EPA SUPERFUND BILLED DATE 01-DEC-1998 BETWEEN APPROPRIATIONS AND/OR FUNDS ACCOUNTS OF CUSTOMER ORDER NUMBER DW96947840-0560 (AR 37-1) (DW96947840 - RAPID RESPONSE AT SAUGET AREA, IL IL980792006 BU VOUCHER NO. BILL NO. PAID BY CHECK NO. COLLECTION VOU. NO. D.O. VOUCHER NO. 28009136 PARTIAL # 2 02-NOV-1998 THRU 01-DEC-1998 BILLING OFFICE (SEND REMITTANCE TO): BILLED OFFICE (MAIL TO): CINCINNATI FINANCIAL MGMT CENTER USACE FINANCE CENTER ENVIRONMENTAL PROTECTION AGENCY USAED OMAHA G6 ACCOUNTING OPERATIONS OFFICE 5722 INTEGRITY DRIVE C O USACE FINANCE CENTER MS 002 26 WEST MARTIN LUTHER KING DRIVE CINCINNATI OH 45268-7002 MILLINGTON TN 38054-5005 ATTN BILLED ACCOUNTING CLASSIFICATION BILLING ACCOUNTING CLASSIFICATION 68 20 X 8145,0000 \$382.00 96252 \$382.00 LINE ITEM AOM DESCRIPTION

PARTIAL AMOUNT PAID

PAYMENT DUE DATE 31-DEC-1998

PAY THIS AMOUNT

\$382.00

\$.00

CERTIFICATE OF OFFICE BILLED

FUNDS AUTHORIZED: \$279,400.00 I CERTIFY THAT THE ABOVE ARTICLES WERE RECEIVED AND ACCEPTED OR THE SERVICES PERFORMED AS TOTAL BILLED AMOUNT: \$1,381.17 STATED AND SHOULD BE CHARGED TO THE APPROPRIATION(S) AND/OR FUND(S) AS INDICATED ABOVE, PREVIOUS BILLED AMOUNT: \$999.17 OR THAT THE ADVANCE PAYMENT REQUESTED IS APPROVED AND SHOULD BE PAID AS INDICATED. CURRENT BILLED AMOUNT: \$382.00 TOTAL PLUX BILLED: . \$.00 PREVIOUS FLUX BILLED: \$.00 AUTHORIZED ADMINISTRATIVE OR CERTIFYING OFFICER CURRENT FLUX BILLED: \$.00

DA FORM 4445~R APPROVED BY TREASURY -FOR USE IN LIEU OF SF 1080

000001 CONTRACT - OUTSIDE GOVERNMENT

582-006+ 12/198

cuortl.2.1.14 477

## TRANSACTION LISTING OMAHA DISTRICT

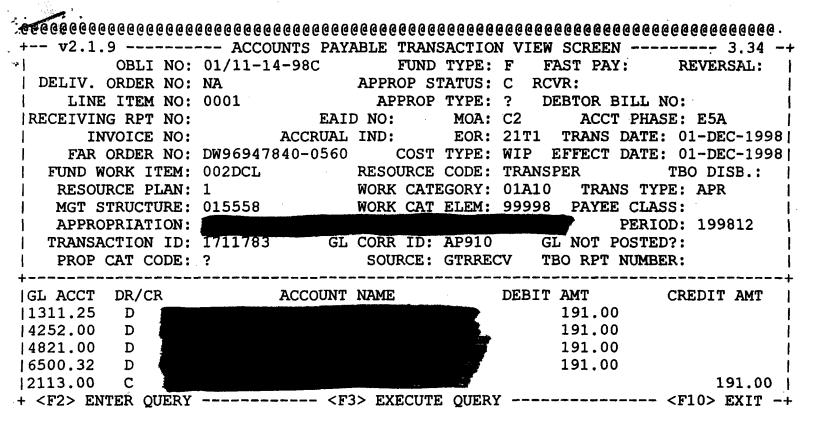
Page: 1

Date: 19-DEC-2001

CUSTOMER ORDER: DW96947840-0560 ACCOUNTING PERIOD: 12-1998

Transaction Date D1-DEC-1998 D1-DEC-1998 L6-DEC-1998	PR&C W59XQG82894147 W59XQG82894145 W59XQG83419716	Obligation 01/11-14-98C 01/11-14-98C 901322G6	Del Order No NA NA NA	Emp ID	Line Item 0001 0003	Resource Code TRANSPER TRANSPER TRANSPER	Accrual In	nd	Total \$191.0 \$191.0 \$49.5
				SUBTOTAL	COST:				\$431.5
INHOUSE - LABOR									
Transaction Date 12-DEC-1998 12-DEC-1998 14-DEC-1998 21-DEC-1998 21-DEC-1998 21-DEC-1998 31-DEC-1998	Charge Code L21275 L21275 L21275 L21275 L21275 L21275 L21275 L28473 L21275 L21275	Work Date 25-NOV-1998 25-NOV-1998 03-DEC-1998 08-DEC-1998 16-DEC-1998 18-DEC-1998 31-DEC-1998 29-DEC-1998	Emp ID No	of Hours	Туре	Labor \$	G&A \$	Indirect \$	Total \$503. \$126. \$174. \$1,007. \$1,511. \$1,007. \$581. \$1,557. \$1,480.
				SUBTOTAL	. co . s	34,508.13	\$1,104.52	\$2,340.23	\$7,952.
								TOTAL COST:	\$8,384.

\*\*\* E N D O F R E P O R T - 19-DEC-2001 - 14:36 - SID G6CEFMP1 \*\*\*



Count: 1

V

<Replace>

	er No: Em		=	~	TIMOTHY P G		
Travel Order	Date: 15-	OCT-1998	1	Type: [	TEMPORARY D	UTY	
bligation Line Item <b>Obligation</b>	S Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
01/11-14-98C	0001	1194096181/3	LOOSDCL	21T1	191.00	191.00	0.00
900313 <b>C</b> 6	1	NON-GTR TRAV	002DCL	21T2	49.50	49.50	0.00
		]					
							<u></u>
		]	JL			<u> </u>	JL
			View Fund	liig			
rev Page	Prev	Next O	nera	Liet	Save	Exit	Next Pao

ORDER FOR SUPPLIES OR	SERVICES	•		į.	Poru Appi OMB No. ( Excires A		PAGE .
Public reporting burden for this collection of in reviewing instructions, searching existing data s the collection of information. Send comments regu information, including suggestions for reducing t Operations and Reports, 1215 Jefferson Davis High and Budget, Paperwork Reduction Project (0704-0187	ources, g arding th his burde way, Suit	athering and mai is burden estima n, to Washington e 1204, Arlingto	ntaining te or any Headquar	1 hour the day other ters S	per resp ta needed aspect o	conse, included, and complete this coll Directorate	i ding the time for eting and reviewing ection of for Information
1. CONTRACT/PURCH ORDER NO. 2. DELIVERY ORDER NA NA	NO.	3. DATE OF ORDE 01-DEC-1998	_		ON/PURCH OG8289414	REQUEST NO.	5.CERTIFIED FOR NATIONAL DEFENSE UNDER DMS REG 1
6. ISSUED BY CODE	7.	ADMINISTERED BY	•	CODE			
				•			8. DELIVERY FOE [ ] DEST [ ] OTHER (See Schedule)
9. CONTRACTOR VENDOR ID: WP8098 CODE	PAC	ILITY CODE		10.DEL	IVER TO F	OB POINT BY	11.MARK IF BUS. IS
AMERICAN EXPRESS #1001 378392384401001 TRAVEL RELATED SERVICES			<u> </u>	12. DI	SCOUNT TE	RMS	[] SMÄLL DIS- ADVANTAGED [] WOMEN-OWNED
SUITE 0005 CHICAGO, IL 60679-0005			[:	13. MA	IL INVOIC	ES TO See	Block 15
14. SHIP TO CODE	15.	PAYMENT WILL BE	MADE BY		CODE		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
This delivery order is issued on to terms and conditions of the al			y or in a	ccordar	nce with	and subject	
PURCHASE Reference your			furi	ish th	e follow	ing on term	s specified herein.
ACCEPTANCE. THE CONTRACT HEREBY ACCEPTS THE OFF OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS							IOUSLY HAVE BEEN
If this box is marked, supplier must sign Acce	ATURE eptance an	nd return the fo			ME AND T		DATE SIGNED
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE						<del> </del>	Ţ
18. ITEM 19. SCHEDULE OF SUPPLIES/SERVICE	20.	QUANTITY ORDERED/ACCI		21 UN	.  22. U	NIT PRICE	23. AMOUNT
0001   1194096181/313G6/GOUGER 0003   1194096182/314G6/GOUGER		.0000/ .0000/	.00	1	7B 7B	\$.00 \$.00	\$191.00 \$191.00
*If quantity accepted by the Government 24. UNITE is same as quantity ordered, indicate by x. If different, enter actual	STATES (	OF AMERICA				25. TOTAL 29.	\$21,228.82
quantity accepted below quantity ordered and encircle.		CONT	RACTING/OF	DERING	OFFICER	Difference:	-
26. QUANTITY IN COLUMN 20 HAS BEEN []INSPECTED [K]RECEIVED []ACCEPTED AND CONFORM	4C TO TUE	27. REC RPT NO 000001	28. D.O.	VOUCHE		30. INITIALS	
CONTRACT EXCEPT AS N  01-DEC-1998 /S/ DARLENE E SKINNER		[ ] PARTIAL [X] FINAL	32. PAID	BY 8736	<u> </u>	33. AMT VE	RIFIED CORRECT FOR \$790.12
DATE SIGNATURE OF AUTHORIZED GOVERNMENT 36.I certify this amount is correct and proper for		31. PAYMENT [ ] COMPLETE				34. CHECK )	
DATE SIGNATURE AND TITLE OF CERTIFYING C		[ ] PARTIAL [ ] FINAL	10	-DEC-9	8	35. BILL OF	LADING NO.
37. REC'D AT 38. RECEIVED BY 39.DA		40 TOTAL CONT.	41. S/R	ACCOUN	T NUMBER	42. S/	R VOUCHER NO.

2

L8. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE	:	20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
0004	1196914285/664G6/GRABOWSKI	.0000	•	JB	\$.00	\$549.00
0005	1194096169/237G6/GRADY	.0000		JB	\$.00	\$734.92
0006	1194096185/86/318G6/GRAF	.0000		JB	\$.00	\$564.20
0007	1199360314/660G6/GRAF	.0000		JB	\$.00	\$329.00
8000	1194096147/171G6/GREGORY	.0000		JB	\$.00	\$603.00
6000	1196914122/23/24/299G6/GREVATT	.0000		ЈЉВ	\$.00	\$544.00
0010	1199360312/850G6/GUNKELMAN	.0000	•	JВ	\$.00	\$377.00
0011	1191182106/225G6/GUNKELMAN	.0000		JB	\$.00	\$469.00
0012	1194096125/4198G6/HARRIS, L	.0000		JВ	\$.00	\$219.00
0013	1199360262/866G6/HARRIS, L	.0000		JB	\$.00	\$219.00
0014	1195923653/192G6/HARTLEY	.0000	•	JВ	\$.00	\$459.00
0015	1196914144/83G6/HASNER	.0000		JВ	\$.00	\$858.71
0016	1194096153/263G6/HAWKINS	.0000		JB	\$.00	\$255.00
0017	1191182053/189G6/HEIDEN	.0000		JВ	\$.00	\$276.00
	1196914291/612G6/HENLEY	.0000		JB	\$.00	\$729.59
0019	11993650259/857G6/HENLEY	.0000	•	JB	\$.00	\$729.59
	1199360277/577G6/HENNINGSEN	.0000		JB	\$.00	\$384.00
0021	1199360206/640G6/HERSE	.0000	•	JB	\$.00	\$509.00
0022	1191182034/114G6/HINES	.0000		JB	\$.00	\$185.00
	1194096218/113G6/HINES	.0000	•	JB	\$.00	\$379.00
0024	1191182055/198G6/HOBZA	.0000		J₽	\$.00	\$459.00
0025	1194096257/411G6/HOBZA	.0000	•	JВ	\$.00	\$459.00
0026	1196914292/582G6/HOBZA	.0000		JB	\$.00	\$459.00
0027	11993602183/802G6/HOBZA	.0000	•	JВ	\$.00	\$.00
0028	11993602183/802G6/HOBZA	.0000		JB	\$.00	\$.00
0029	1199360245/833G6/HOLLAND	.0000		JB	\$.00	\$473.00
0030	1199360244/836G6/HOLMES	.0000		JB	\$.00	\$549.00
-	1191182041/27G6/HOOVER	.0000	•	JB	\$.00	\$135.00
0032	1197914346/668G6/HOOVER	.0000		JВ	\$.00	\$135.00
	1195923630/354G6/HOWARD	.0000	•	JB	\$.00	\$377.00
	1199360336/883G6/HUGHBS	.0000		JB	\$.00	\$124.41
0035	1199360336/883G6/HUGHES	.0000		JB	\$.00	\$124.41
	1199360336/883G6/HUGHES	.0000		JB	\$.00	\$128.18
,	1196914266/676G6/INGLIS	.0000		JB	\$.00	\$483.00
	1194096146/286G6/ISKE	.0000		JB	\$.00	\$391.50
	1196914344/730G6/JACKSON	.0000		JB	\$.00	\$291.00
	1199360300/907G6/JOHANSEN	.0000	•	JB JB	\$.00	\$398.00
0041	1194096306/401G6/JONES	.0000			\$.00	\$579.00
0042	1191182027/KAISER	.0000		JB T	\$.00	\$790.12
0043	1196914328/29/30/KANE	.0000		<b>ЈВ</b>	\$.00	\$996.60
0044	1199260249/795G6/KAY	.0000		JB JB	\$.00	\$123.00
0045	1191182104/195G6/KELLER	.0000		JB	\$.00	\$798.59
0046	1196914279/670G6/KEYS	.0000			\$.00	\$377.00
	1194096333/459G6/KIRSCHBAUM	.0000		JB	\$.00	\$377.00
0048	1196914271/674G6/KIRSCHBAUM	.0000	•	JB	\$.00	\$436.00
0049	1199360191/810G6/KIRSCHBAUM	.0000	•	JB JB	\$.00	\$385.00
0050	1199360192/809G6/KIRSCHBAUM	.0000		1	\$.00	\$417.00
	1194096288/373G6/KIRWAN	.0000		JB	\$.00	\$563.00
	1199360173/709G6/KNOFCZYNSKI	0000		JB	\$.00	\$377.00 \$268.00
0053	1194096201/306G6/KRAGT	.0000	/ .0000	JB	\$.00	\$2

atte Option ACCOUNT NUMBER:

3783-923844-01001

### **GOVERNMENT TRAVEL ACCOUNT - GTA**

CC-1588

PAGE 20

**STATEMENT INVOICE: 83923844039811** 

DARLENE SKINNER-GTA ATTN:CEMRO-L-M 215 N 17TH ST OMAHA, NE 68102



SORTED BY TICKET NUMBER WITHIN PASSENGER NAME WITHIN ACCOUNT NUMBER

# AIR/RAIL TRANSACTIONS

TICKET CHARGES AND TICKET REFUNDS

ACCOUNT NUMBER ACCOUNT NAME PASSENGER NAME	SOC.SEC. NO./ COST CTR.	AIR CLASS/ FARE	ROUTING FROM:	INFORMATION TO:	TRANSACTION/ DEPARTURE DATE	TICKET NUMBER	AMOUNT	NOTES TO AMEX
PASSERGEN INAINE	COST CTA.	FARE	FNOIVI:	10:	UATE	HER. NOMBER		
3783-923844-01001 DARLENE SKINNER-GTA								`
COUGER/T VB1366		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/19	5261194096181	191.00	
V\$1366 V31406		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/22	5261194096182	191.00	
10,700								
grabowski/r 664Cb		TW YCA	OMAHA NB ST LOUIS INT'L MO SOUTH BEND IN ST LOUIS INT'L MO	-ST LOUIS INT'L MO -SOUTH BEND IN -ST LOUIS INT'L MO -OMAHA NB	10/30/98 11/05	0151196914285	549.00	7
			GRABONSKT/R TOTAL:					
grady/c 237Gb		UA	OMAHA NB DENVER CO SHERIDAN WY DENVER CO	-DENVER CO -SHERIDAN WY -DENVER CO -OMAHA NB	10/16/98 10/18	0161194096169	<b>√</b> 765.33	30.41
	ļ i	<b> </b>	GRADY/CE TOTALI					191-00 +
GRAF/S		NW	OMAHA NB	-MINNEAPOLIS MN	10/16/98	0121194096185	564.20	191•00 + 549•00 +
31866 66066			MINNEAPOLIS MN GRAND FORKS ND MINOT ND	-GRAND FORKS ND -MINOT ND -MINNEAPOLIS MN	10/21			765•33 + 564•20 +
66066		YX YCA	OMAHA NB MILWAUKEE WI	-MILWAUKEE WI -OMAHA NB	11/12/98 11/17	4531199360314	329.00	329•00 + 30•41
		#					<b>8892.2</b> ; 2	·559•12 *



FOR AGBISTANCE CONTAGE GEVERNMENT CESTOMER, SERVICE UNIT

(**)** 

MAN COMMICAN EXPRESS TRAVEL MANAGEMENT SERVICE

2.		_	ND AUTHORIZA (Reference: Authorized	Joint Tra	avel Regulat	cions)			L		1. DATE OF REQUEST 15-OCT-1998
				RE	QUEST FOR OF	FICIAL	TRAVE	EL.			
2.NAME	(Last, Pirst	,Middle Ini	tial)	SSN					N TITLE AND GRADE	OR RATI	ING GS12
	AL STATION SPONSE RESIDE AFB, NE	NT OFFICE				•	.ORGAN		ATIONAL BLEMENT FC-R	i	HONE NO.
7.TYPE OF				8.SECURIT	TY CLEARANCE		.PURPC		OF TDY ORT		
	OX NO. DAYS Of luding travel				D O/A (DATE)	ſ	ATEGOR	RY	SITE VISIT-OPERAT	!IONAL/I	MNGRIAL
FROM:	RARY OF 1 AMENDMEN OMAHA / DOUG CHICAGO / DU	LAS NEBRASK	A PROCEED ON	∟i 3 19-0CT-19		HRS	AT 190	)O I	HRS		
12.MODE C	OF TRANSPORTA		TP TR	enspn req -	· <del></del>						
	COMMERC	T	1		GOVERNMENT	1			<del> </del>		NVEYANCE (Check one)
RAIL	AIR XX	BUS	SHIP	AIR	VEHICLE	SHIP		KA.	TE PER MILE: 0.000  More advantageous		<b>-</b>
	AS DETERMINED	vel only)							Mileage reimburse constructive cost	ment and of combined as	nd per diem limited to mmon carrier transportation determined in JTR. Travel
OTHER	RATE OF PER I		y)	NCE WITH J	JTR —————						
14.ESTIMA	ATED COST					·					15.ADVANCE AUTHORIZED
PER DIEM	\$42.00	TRAVEL	\$216.00		Ther \$	75.00		TO	S333.00		\$.00
	ched For Addit	tional Remar	rks						t-class accommodat		axcess baggage, etc.)
/ELECTRON	STING OFFICIAL NICALLY SIGNED ORY CIVIL ENGI	D BY/ STEVE	Title and sign T RASMUSSEN 15-OCT-1	ī		/ELECT	PRONIC	ALL	OFFICIAL (Titl LY SIGNED BY/ JERO IVIL ENGINEER	ME M WO	signature) DDDS 5-OCT-1998
					AUTHORIS	ZATION			· · · · · · · · · · · · · · · · · · ·		
19.ACCOUN	NTING CITATION	1				100%					
/ELECTRON	AUTHORIZING ONICALLY SIGNED OK AREA OFFICE	D BY/ JANICE E				OR AUTH			DA)		R ISSUED 16-OCT-1998 VEL ORDER NUMBER 900313G6

*•		U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 15-OCT-1998
NAME	(Last, First)		TRAVEL ORDER NUMBER
GOUGER,	TIMOTHY P		900313G6

#### 16.REMARKS

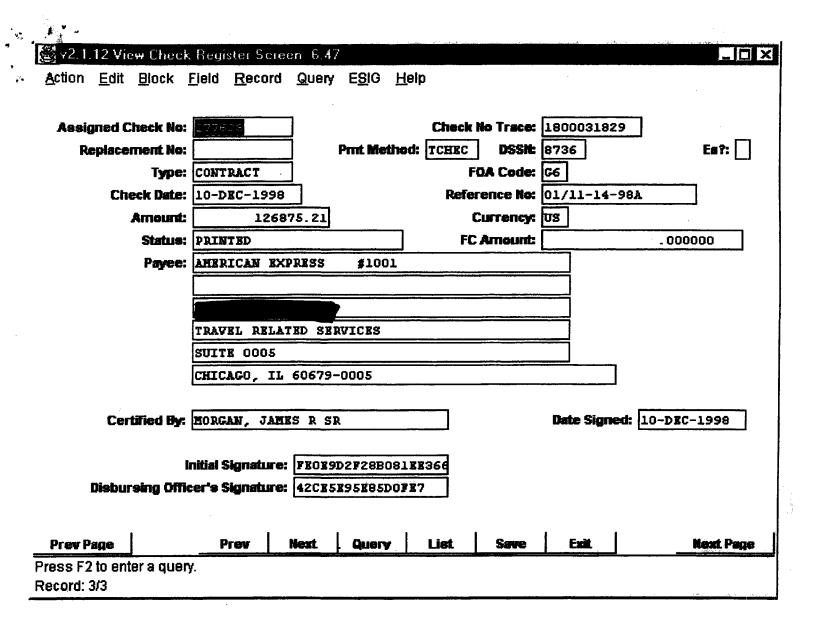
RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

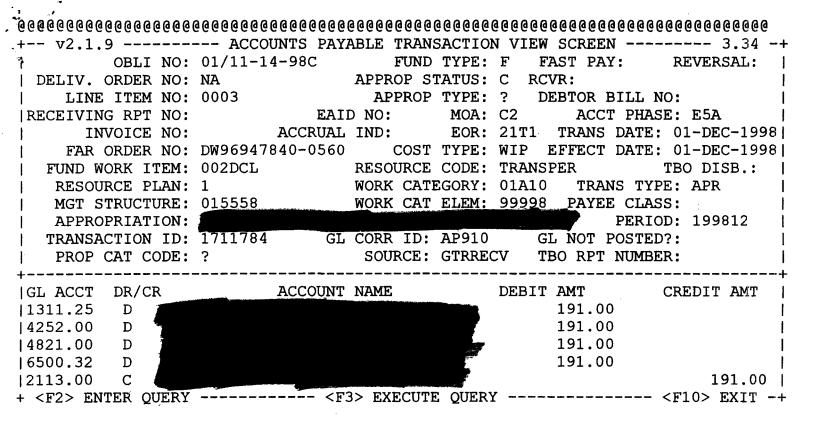
IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

	OR OTHER ADVERSE ACTION. U	
	LIGATION LINE ITEM STATUS	
¥•	BC DELIVERY ORDER: NA	
	AMEND DATE: 01-DEC-1998	
WORK ITEM: 002DCL   FUND CITATION: 96NAX3122	FUND ACCOUNT: G625294	PROGRESS PAY:
DESCRIPTION: COMMERCIAL	TRANSPORTATION	ALLOT: 2417 EOR: 21T1
+	<pre>- <pgdn> EXECUTE QUERY</pgdn></pre>	+
RV NO CUSTOMER INV NO	SCHD DATE DISB AMOUNT	DOV NO CHECK NO PAYM
13 AMEX-01001	10-DEC-1998 191.00	122452 277628 TCHEC
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 		! !
L CC+rl F1> DECEIVING DOT	<pre><ctrl f2=""> INVOICE</ctrl></pre>	F3> DBOCDESS DAVMENTS
Ctrl F1> RECEIVING RIT		•
•	F10 EXIT	

Count: \*1

<Replace>





<Replace>

Count: 2

Travel Orde	er No: <b>500</b>	31406	Employ	/ee: T	IMOTHY P G	OUGER	
Travel Order	<b>Date:</b> 15-6	OCT-1998	Ty	/pe: I	EMPORARY D	UTY	
bligation Line Items <b>Obligation</b>	Obli Li No	Description	WI Cd	EOR	Approved Amount	Disbursed Amount	Travel Order Balance
01/11-14-98C	0002	1194096182/31	OOZDCL	21T1 (	0.00		0.00
01/11-14-98C	0003	1194096182/31	002DCL	21T1	191.00	191.00	0.00
900314G6	1	NON-GTR TRAVE	002DCL	21T2 (	0.00		0.00
900314G6	3	NON-GTR TRAVE	002DCL	2172	18.55	18.55	0.00
							-
			liew Fundis				

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	ORDER FOR SUPPLIES OR SERVICES ORMS No. 0704-0187   Expires Aug 31, 1992										PAGE	
rev the inf	iewing ins collection ormation,	n of information. including suggest:	ing existing of Send comments ions for reduc	lata sources, s reguarding t sing this burd	gathering and m his burden esti en, to Washingt	aintaining mate or a on Headqu	the or y others	ur pe data er as Serv	r resp needed pect o	oonse, l, and of thi Direc	includ comple s colle	eting and reviewing ection of for Information
		d Reports, 1215 Je aperwork Reduction					2202-4:	302,	and to	the	Office	of Management
1.	-	URCH ORDER NO. 14-98C	2. DELIVERY O	3. DATE OF OR 01-DEC-19				PURCH 289414		ST NO.	5.CERTIFIED FOR NATIONAL DEFENSI UNDER DMS REG 1	
6.	ISSUED BY		CODE	7.	ADMINISTERED E	Y	CODE					
									•			8. DELIVERY FOB [ ] DEST [ ] OTHER (See Schedule)
9.	CONTRACTOR	VENDOR ID: WP8098	S CODE	PA	CILITY CODE		10.D	BLIVE	R TO F	OB PO	INT BY	11.MARK IF BUS. I
3 T	MERICAN EX 7839238440 RAVEL RELA UITE 0005	**					12. I	DISCO	INT TE	RMS		[ ] SMALL DIS- ADVANTAGED [ ] WOMEN-OWNEI
		60679-0005					13. N	MAIL :	INVOIC	ES TO	See B	lock 15
14.	SHIP TO		CODE	15	. PAYMENT WILL	BE MADE BY		CO	DE			MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER
16.	DELIVERY				Government age bered contract.	ncy or in	accord	lance	with a	and su	ıbject	
	PURCHASE	Reference your		•		fu	rnish	the i	ollow	ing or	ı terms	specified herein.
		THE CONTRACT HERE DDIFIED, SUBJECT T										ously have been
П		OF CONTRACTOR ox is marked, supp	lier must sig	SIGNATURE n Acceptance a	and return the		TYPED number					DATE SIGNED
17.	ACCOUNTING	AND APPROPRIATIO	N DATA/LOCAL	<del></del>								,
18.	ITEM 19.	SCHEDULE OF S	UPPLIES/SERVI	CE 20.	O. QUANTITY ORDERED/ACCEPTED*				21. 22. UNIT PRICE			23. AMOUNT
000		96181/313G6/GOUGE 96182/314G6/GOUGE							JB \$.00 JB \$.00			\$191.00 \$191.00
is	same as qu	accepted by the Go mantity ordered, i ferent, enter act	ndicate	UNITED STATES	OF AMERICA					25. T	OTAL	\$21,228.82
qua		pted below quanti			co	TRACTING/	ORDERI	NG OF	FICER	DIFFE	erences	
26.	QUANTITY :	IN COLUMN 20 HAS B	BEN		27. REC RPT N 000001		. VOUC			30. INITI	ALS	
[]:	inspected		CCEPTED AND CONTRACT EXCEP		[ ] PARTIAL							
0	L-DEC-1998 DATE	/s/ Darlene e sk signature of au	[X] FINAL 31. PAYMENT	32. PAI	8736	;		33. A	MI ARK	FIED CORRECT FOR \$790.12		
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REP.  36.I certify this amount is correct and proper for payment					[] COMPLE		10-DEC	:- 98		34. 0	HBCK M	JMBER 00277628
_	DATE	SIGNATURE AND TI	TLE OF CERTIF	YING OFFICER	[] FINAL	į		-		35. B	ILL OF	LADING NO.
37.	REC'D AT	38. RECEIVED BY DARLENR E SKINNER		39.DATE REC'I 01-DEC-1998	40 TOTAL CONT	41. S/	R ACCO	UNT N	UMBER		42. S/F	R VOUCHER NO.

	<u> </u>			,			<b>,</b>	
8. ITEM	19. SCHEDULE OF SUPPLIES/SERVICE		20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNI	T PRICE	23.	AMOUNT
0004	1196914285/664G6/GRABOWSKI	.0000	.0000	JВ		\$.00	l	\$549.0
0005	1194096169/237G6/GRADY	.0000	.0000	JВ	i	\$.00	İ	\$734.9
0006	1194096185/86/318G6/GRAF	.0000	.0000	JВ		\$.00	i	\$564.2
0007	1199360314/660G6/GRAF	.0000	.0000	JВ	İ	\$.00	İ	\$329.0
8000	1194096147/171G6/GREGORY	.0000	.0000	JВ	l	\$.00	ĺ	\$603.0
0009	1196914122/23/24/299G6/GREVATT	.0000	.0000	JВ	İ	\$.00	İ	\$544.0
0010	1199360312/850G6/GUNKELMAN	.0000	.0000	JВ	İ	\$.00	İ	\$377.0
0011	1191182106/225G6/GUNKELMAN	.0000	.0000	JB	j	\$.00	i	\$469.0
0012	1194096125/4198G6/HARRIS, L	.0000	.0000	JВ		\$.00	İ	\$219.0
0013	1199360262/866G6/HARRIS, L	.0000	.0000	J₿		\$.00	İ	\$219.0
0014	1195923653/192G6/HARTLEY	.0000	/ .0000	JB	İ	\$.00	l	\$459.0
0015	1196914144/83G6/HASNER	.0000		JB	i	\$.00	i	\$858.7
0016	1194096153/263G6/HAWKINS	.0000	/ .0000	JB		\$.00	l	\$255.0
0017	1191182053/189G6/HEIDEN	.0000	.0000	JВ	i	\$.00	i	\$276.0
0018	1196914291/612G6/HENLEY	.0000		JB		\$.00	i	\$729.5
0019	11993650259/857G6/HENLEY	.0000	·	JB		\$.00	i	\$729.5
0020	1199360277/577G6/HENNINGSEN	,0000	•	JB	i	\$.00	1	\$384.0
0021	1199360206/640G6/HERSE	.0000		JB		\$.00	•	\$509.0
0022	1191182034/114G6/HINES	.0000	•	JB		\$.00	i	\$185.0
0023	1194096218/113G6/HINES	.0000		JВ		\$.00	l	\$379.0
0024	1191182055/198G6/HOBZA	.0000		JB		\$.00	i	\$459.0
0025	1194096257/411G6/HOBZA	.0000		JВ		\$.00	1	\$459.0
0026	1196914292/582G6/HOBZA	.0000		JB		\$.00	i	\$459.0
0027	11993602183/802G6/HOBZA	.0000	•	JB		\$.00	i	\$.0
0028	11993602183/802G6/HOBZA	.0000		JB		\$.00		\$.0
0029	1199360245/833G6/HOLLAND	.0000		JB		\$.00	ł	\$473.0
0030	1199360244/836G6/HOLMES	.0000	•	JOB		\$.00		\$549.0
	1191182041/27G6/HOOVER	.0000		JB		\$.00		\$135.0
0032	1197914346/668G6/HOOVER	.0000		JB		\$.00	i	\$135.0
0033	1195923630/354G6/HOWARD	.0000	•	JB		\$.00	1	\$377.0
	11199360336/883G6/HUGHES	.0000	•	JB		\$.00	1	\$124.4
0035	1199360336/883G6/HUGHES	.0000	· .	JB		\$.00		\$124.4
	1199360336/883G6/HUGHES	.0000	,	JB		\$.00		\$128.1
	1196914266/676G6/INGLIS	.0000	. ,	JB		\$.00		\$483.0
0038	1194096146/286G6/ISKE	.0000		JB		\$.00		\$391.5
0039	1196914344/730G6/JACKSON	.0000		JB		\$.00		\$291.0
	119934344/730G6/JOHANSEN	.0000		JB		\$.00 \$.	92	91.00
	1199360300/907G6/JOHANSEN	.0000		JB		\$.00	. حدي	\$398.0
041	1199360300/90/GB/JONANSEN  1194096306/401G6/JONES	.0000		JB		\$.00		\$579.0
0041	1191182027/KAISER	.0000	· .	JB		\$.00		\$790.1
0042	1196914328/29/30/KANE	.0000		JB		\$.00		\$996.6
0044	1199260249/795G6/KAY	.0000		JB		\$.00		\$123.0
	1 1 1	.0000		JB		\$.00		\$123.0 \$798.5
	1191182104/195G6/KELLER	.0000		DB		\$.00 \$.00		
0046	1196914279/670G6/KEYS		'.			•		\$377.0
	1194096333/459G6/KIRSCHBAUM	.0000		JB		\$.00		\$377.0
0048	1196914271/674G6/KIRSCHBAUM	.0000		JB		\$.00		\$436.0
0049	1199360191/810G6/KIRSCHBAUM	.0000		JB		\$.00		\$385.0
	1199360192/809G6/KIRSCHBAUM	.0000		JB		\$.00	٠.	\$417.0
	1194096288/373G6/KIRWAN	.0000	/ .0000 }	JB		\$.00		\$563.0
0051 0052	1199360173/709G6/KNOFCZYNSKI	.0000	,	JB		\$.00		\$377.0

ACCOUNT NUMBER:

3783-923844-01001

### **GOVERNMENT TRAVEL ACCOUNT - GTA**

CC-1588

Page 20

STATEMENT INVOICE: 83923844039811

DARLENE SKINNER-GTA ATTN:CEMRO-L-M 215 N 17TH ST OMAHA, NE 68102



SORTED BY TICKET NUMBER WITHIN PASSENGER NAME WITHIN ACCOUNT NUMBER

## AIR/RAIL TRANSACTIONS

TICKET CHARGES AND TICKET REFUNDS

ACCOUNT NUMBER ACCOUNT NAME		AIR CLASS/		INFORMATION	TRANSACTION/ DEPARTURE	TICKET NUMBER	AMOUNT	NOTES TO AMEX
PASSENGER NAME	COST CTR.	FARE	FROM:	TO:	DATE	REF. NUMBER	····	
3783-923844-01001 DARLENE SKINNER-GTA					·	•		
OUGER/T VB1366		WN	OMAHA NB CHICAGO-MIDWAY	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/19	5261194096181	191.00	· ·
√B1366 √31406		WN	OMAHA NB Chicago-Midway	-CHICAGO-MIDWAY -OMAHA NB	10/16/98 10/ <b>2</b> 2	5261194096182	191.00	
701700		#					51,045,00	
GRABOWSKI/R 664Cb	1	TW YCA	OMAHA NB ST LOUIS INT'L MO SOUTH BEND IN ST LOUIS INT'L MO	-ST LOUIS INT'L MO -SOUTH BEND IN -ST LOUIS INT'L MO -OMAHA NB	10/30/98 11/05	0151196914285	549.00	,
			GRADOSHIYA (101AL)				\$685.00	
grady/c 23766	·	UA.	OMAHA NB DENVER CO SHERIDAN WY DENVER CO	-DENVER CO · -SHERIDAN WY -DENVER CO -OMAHA NB	10/16/98 10/18	0161194096169	<b>√ 765</b> .33	30.41
			ERWYZE KOTALILI, W				III.	191-00 +
graf/s 31866		NW	OMAHA NB MINNEAPOLIS MN GRAND FORKS ND MINOT ND	-MINNEAPOLIS MN -GRAND FORKS ND -MINOT ND -MINNEAPOLIS MN	10/16/98 10/21	0121194096185	564.20	191•00 + 549•00 + 765•33 + 564•20 +
31866 66066		YX YCA	OMAHA NB MILWAUKEE WI	-MILWAUKEE WI -OMAHA NB	11/12/98 11/17	4531199360314	329.00	329•00 + 30•41 -
			GRAPYS (1917AL)				\$893.20 <sup>2</sup>	?•559•12 *



FOR ASSISTANCE CONTACT.

GEVERNMENT CHSTOMER
SERVICE UNIT

TOLL FREE

PAK

1-808-492-1288

MAIL

AMERICAN EXPRESS
THAVEL MANAGEMENT SERVICES
P.O. BOX 53780
PHOENING A 2 0 0 0 7 2 0 0 0 0

	AUTHORIZA Reference: uthorized			1. DATE OF REQUEST						
	·	R	EQUEST FOR OF	FICIAL TRA	VEL					
2.NAME (Last,First,Middle Initi	al)	SSN		3.POS	3. POSITION TITLE AND GRADE OR RATING					
GOUGER, TIMOTHY P				ENVIR	ENVIRONMENTAL ENGINEER GS12					
4.OPFICIAL STATION RAPID RESPONSE RESIDENT OFFICE				5.ORG	ANIZATIONAL ELEMENT	HONE NO.				
OPFUIT, AFB, NE			CENWO	-CD-FC-R	402	-293-2514				
7.TYPE OF ORDERS		8.SECUR	ITY CLEARANCE		POSE OF TDY SUPPORT					
TEMPORARY DUTY										
10a.APPROX NO. DAYS OF TDY (Including travel time)		ļ	ED O/A (DATE) 2-OCT-1998	CATEG	ORY SITE VISIT-OPERA	TIONAL/	MNGRIAL			
11.ITINERARY		Y VA	RIATION AUTHOR	RIZED						
LEG: 1 OF 1 AMENDMENT NUMBER: 1 FROM: OMAHA / DOUGLAS NEBRASKA TO : CHICAGO / DU PAGE, COOK &					900 HRS					
12.MODE OF TRANSPORTATION	TP TR	nspn req	- PLANE		<b></b>					
COMMERCIAL			GOVERNMENT	r	PRIVATELY O	NVEYANCE (Check one)				
RAIL AIR BUS S	HIP	AIR	VEHICLE	SHIP 	RATE PER MILE: 0.00	00				
(Overseas Travel only)	TE TRANSPO	RTATION	OFFICER	, ,	Constructive cos	t of condiens as	nd per diem limited to mmon carrier transportation determined in JTR. Travel ed in JTR.			
OTHER RATE OF PER DIEM (Specify)	IN ACCORDA	NCE WITH	JTR				-			
14.ESTIMATED COST							15.ADVANCE AUTHORIZED			
PER DIEM TRAVEL	\$216.00		OTHER \$7	75.00	TOTAL \$333.00		\$.00			
16.REMARKS (Use this space for See Attached For Additional Remarks TRAVEL ADVANCE MUST BE SETTLED WITH							excess baggage, etc.)			
17.REQUESTING OFFICIAL (Title and signature)  /ELECTRONICALLY SIGNED BY/ STEVE T RASMUSSEN  SUPERVISORY CIVIL ENGINEER 20-OCT-1998  18.APPROVING OFFICIAL (Title and signature)  /ELECTRONICALLY SIGNED BY/ JEROME M WOODS  SUPERVISORY CIVIL ENGINEER 20-OCT-1998										
			AUTHORIZ	ATION						
19.ACCOUNTING CITATION				100%						
			SUPPOR	R AUTHENTI T ASSISTAN		<u> </u>	ISSUED 21-OCT-1998 VEL ORDER NUMBER			

		U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 20-OCT-1998
NAME	(Last, First)		TRAVEL ORDER NUMBER
GOUGE	R, TIMOTHY P		900314G6

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCELED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC

KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE
RNMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

7.	REQUEST A	AND AUTHORIZ			ON	NEL		1. DATE OF REQUEST	
	Travel	(Reference Authorized			21	1		15-OCT-1998	
				REQUEST FOR OF	FICIAL TRA	VE	<b>L</b>		·
2.NAME (Last, Pir	st,Middle Ini	tial)	SSN		3. POS	IT	ION TITLE AND GRADE	OR RATI	NG
GOUGER, TIMOTHY P					ENVI	ON	MENTAL ENGINEER		GS12
4.OFFICIAL STATION RAPID RESPONSE RESIDENT OFFICE							IZATIONAL ELEMENT	6. PH	ONE NO.
OFFUTT, AFB, NB							O-FC-R	402-	293-2514
7.TYPE OF ORDERS		8.SECU	RITY CLEARANCE	9.PUR		SE OF TDY			
TEMPORARY DUTY				<b>-</b>					•
10a.APPROX NO. DAYS (Including trave			b. PROC	EED O/A (DATE)					
	L			CATEG	ORY	SITE VISIT-OPERAT	IONAL/M	NGRIAL	
11.ITINERARY			YV	ARIATION AUTHO	RIZED				
LEG: 1 OF 1 AMENDE FROM: OMAHA / DO			Man-ocur	-1000 NT 600 '	шъе				
TO : CHICAGO / I						900	HRS		
12.MODE OF TRANSPORT	TATION	TP T	rnspn re	Q - PLANE					
COMME	RCIAL					PRIVATELY OW	MED COM	/EYANCE (Check one)	
RAIL AIR	BUS	SHIP	AIR	AEHICLE	SHIP	R	NATE PER MILE: 0.000	0	
<u></u>	D BY APPROPR	IATE TRANSPO	ORTATION	OFFICER	<u> </u>	L	More advantageous	to gove	ernment
Li				0.1.200					per diem limited to
(Overseas Ti	ravel only)					$\vdash$	and related per d	iem as d	on carrier transportation determined in JTR. Travel
<del></del>				•		$\perp$	time limited as i	ndicated	l in JTR.
13. X PER DI	EM AUTHORIZE	D IN ACCORDA	ANCE WITH	H JTR					-
OTHER RATE OF PER	DIEM(Specif	у)							
14.ESTIMATED COST	<del></del>		·		<del>.</del>				.5.ADVANCE AUTHORIZED
PER DIEM \$42.00	TRAVEL	\$216.00	)	other \$	75.00	TOTAL \$333.00			\$.00
16.REMARKS (Use	this space	for special	require	ments, leave,	superior o	 r 1	st-class accommodat	ions, ex	cess baggage, etc.)
See Attached For Add	litional Rema	rks	•		-				
				•					
TRAVEL ADVANCE MUST	BE SETTLED W	ITHIN 5 DAYS	S OF COM	PLETION OF TRAV	VRL. FAILU	RE	TO DO SO WILL RESUL	T IN COL	LECTION ACTION.
17.REQUESTING OFFICE	<del></del>	Title and si	· · · · · · · · · · · · · · · · · · ·		18.APPROV				.qnature)
/ELECTRONICALLY SIGN SUPERVISORY CIVIL EN	ed by/ steve		1		/ELECTRON	ICA	LLY SIGNED BY/ JERO CIVIL ENGINEER	ME M WOO	-
				AUTHORI	ZATION				
19.ACCOUNTING CITATI	ON				100%				
		,			1004				
20.ORDER AUTHORIZING			and sign		OR AUTHENT			21.DATE	
/ELECTRONICALLY SIGN FORT CROOK AREA OFFI	CE			SUPPOL	RT ASSISTAL	A.T.	<u> </u> -		6-OCT-1998
USACE		P.O. BOX 132		1			1		L ORDER NUMBER

U.S. ARMY CORPS OF ENGINEERS REQUEST FOR OFFICIAL TRAVEL	DATE ISSUED 15-OCT-1998
NAME (Last, First)	TRAVEL ORDER NUMBER
GOUGER, TIMOTHY P	90031496

16.REMARKS

RENTAL VEHICLE AUTHORIZED. THIS DOES NOT NEGATE REQ. TO USE AVAILABLE LIMO SERVICE TO/FROM AIRPORT MILEAGE TO AIRPORT FROM RESIDENCE/OFFICE AND RETURN IS AUTHORIZED.

IF THE TRIP IS CANCED/CHANGED AFTER TICKETS (OR TR'S) ARE ISSUED, THE TRAVELER IS LIABLE FOR THEIR VALUE UNTIL ALL TIC KET COUPONS HAVE BEEN USED FOR OFFICIAL TRVL AND/OR ALL UNUSED TICKETS OR COUPONS ARE PROPERLY ACCT'
OFFICIAL TRAVEL ARRANGEMENTS PURCHASED THROUGH A COMMERCIAL TRAVEL OFFICE (TRAVEL AGENCY) NOT UNDER CONTRACT TO THE GOVE RIMMENT IS NOT REIMBURSABLE EXCEPT AT LOCATIONS WHERE THERE IS NO CTO CONTRACT WITH THE GOVERNMENT.

*. ADMINISTRATIVE, CRIMINAL + v2.1.43 OBI		
OBLIGATION NO: 01/11-14-98		
	AMEND DATE: 01-DEC-1998	
WORK ITEM: 002DCM	FUND ACCOUNT: G625294	PROGRESS PAY:
FUND CITATION: 96NAX3122		
	TRANSPORTATION	
+	- <pgdn> EXECUTE QUERY</pgdn>	+
· · · · · · · · · · · · · · · · ·	SCHD DATE DISB AMOUNT	
14 AMEX-01001	10-DEC-1998 191.00	122453 277628 TCHEC
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